

Business Registration Form

No: BRF1

Application for : New Companies, New Business Names, TRN, NIS, TCC, GCT, HEART/NTA & NHT

Under THE REGISTRATION OF BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT, COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT

Instructions/Information

Usage: This form should be used by all customers when creating either a new Company or new Business Name. It is a substitute for the following forms when creating a New Company ONLY:

- + Form 20 - Notice of Appointment of/Change of Company Secretary
- + Form 2 - Declaration of Compliance
- + Form 23 - Notice of Appointment of/Change of Directors
- + Form 17 - Notice of Address of Registered Office or Notice of Change of Registered Office

It also substitutes for the following forms when creating a New Business Name ONLY:

- + BN1 - Application for Registration by Sole Proprietor (Individual)
- + BN2 - Application for Registration by Partnership
- + BN3 - Application for Registration by Corporate Proprietor

Application for TRN, NIS, GCT, TCC, HEART-NTA and NHT will be done automatically for New Companies Only.

Application for TRN, NIS, HEART-NTA and NHT will be done automatically for New Business Name.

The form is broken down as follows:

- + Section A - Business/Company Information {Basic information required to create new company or business names }
- + Section B - Directors/Proprietors Information - Individuals {Data on the individual directors/proprietors for the new entity}
- + Section C - Directors/Proprietors Information - Companies {When a company is a director/proprietor for the new entity}
- + Section D - Particulars of Company Secretary {Applicable only to New Companies and when a director is not the secretary}
- + Section E - GCT Registration {Request for specific data for a successful registration for GCT. Applicable ONLY to New Companies }
- + Section F - Tax Compliance Certificate {Applicable to New Company registration Only}
- + Section G - Declaration {To be signed by the Principal Officer (or Authorised Official) of the new company or business name}
- + Section H - Filed By {To be completed by the person submitting the form at the COJ}
- + Section I - Directors/Proprietors TRN {The TRN for each director/proprietor is required in this section}

- General:**
- * Please PRINT or TYPE the required information. Use blue or black ink pen only
 - * Tick the appropriate box where required and write in bold capitals in all fields
 - * Underlined prompts indicate mandatory data entry is required
 - * When entering telephone numbers the area code is required
 - * Complete Form 2 if the new Business name or company will have a branch

When creating a New Company:

- * One of the following forms must also be submitted with this form:
 - + Form 1A - Articles of Incorporation -Company Limited by Shares
 - + Form 1B - Articles of Incorporation -Company Limited by Guarantee Without a Share Capital
 - + Form 1C - Articles of Incorporation -Company Limited by Guarantee with Share Capital
 - + Form 1D - Articles of Incorporation -Unlimited Company
- * Also complete the following sections:
 - + Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H & Section I - where applicable
- * Complete Form 2 if Branches will be registered

When creating a New Business Name:

- * Please complete the following sections: Section A, Section B, Section C, Section G, Section H & Section I - where applicable
- * Complete Form 2 if Branches will be registered

Registration for General Consumption Tax(GCT) - Only Applicable to New Company:

- * GCT Registration is determined by a person's business activity. I.e., depending on a person's "Nature of Business". Businesses will be registered as Registered Person and issued with a Notice of Registration. When the business starts to operate if gross sales is above the threshold TAJ is to be informed so that the registration status can be changed to that of Registered Taxpayer. Registered Taxpayers are issued Registration Certificates which authorizes them to collect and account for the tax.

Registration for Tax Compliance Certificate (TCC) - Only Applicable to New Company:

- * Tax Compliance Certificate is a document issued to a company as proof that payments of tax liabilities and wage-related statutory deductions are up-to-date. Applying for TCC using this form will only be facilitated for new companies, that is companies registered under the Companies Act. TCC will have a tenure of a maximum of 90 days.

SECTION B - Directors/Proprietors Information - Individuals (Data on the individual director/proprietor. This section is mandatory)

(Note: When creating a new company only ONE Director can be named Company Secretary and if so indicated, then Section D should NOT be completed. Otherwise Section D must be filled in. Also if only one director is named, then a different person must be named secretary)

Principal - Director/Proprietor Only Yes No (Only one Individual or Corporate Director/Proprietor must be indicated. See Page 6)

12a. Name
Last First Middle

Job Title/
Occupation **Present Nationality.** See page 10 for more details regarding other supporting documentation

Tel. Cell **Original Nationality.** (if different from present nationality)

18 Years or Over? Yes No **Sex** Female Male

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office **P. O. Box**

Parish **Postal Code**

Country

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

(If creating a new company, complete the following fields if applicable)

Is this person also the Company Secretary? Yes No

Particulars of Any Other Directorship held (Complete only if the director has no other business occupation)

Company Name

Company Number **Company TRN**

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office **P. O. Box**

Parish **Postal Code**

Country

Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or, occupation form part of the business (Example: "Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 & 13

Field or Profession **Expiry Date**
dd/mm/yyyy

Certifying Body **Certification #**

Have you provided the relevant certification as part of your application? Yes No

12b. Name
Last First Middle

Job Title/
Occupation **Present Nationality.** See page 10 for more details regarding other supporting documentation

Tel. Cell **Original Nationality.** (if different from present nationality)

18 Years or Over? Yes No **Sex** Female Male

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

(If creating a new company, complete the following fields if applicable)

Is this person also the Company Secretary? Yes No

Particulars of Any Other Directorship held *(Complete only if the director has no other business occupation)*

Company Name

Company Number Company TRN

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Example: "Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 & 13

Field or Profession Expiry Date
dd/mm/yyyy

Certifying Body Certification #

Have you provided the relevant certification as part of your application? Yes No

12c. Name
Last First Middle

Job Title/ Occupation Present Nationality *See page 10 for more details regarding other supporting documentation*

Tel. Cell Original Nationality *(if different from present nationality)*

18 Years or Over? Yes No Sex Female Male

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

(If creating a new company, complete the following fields if applicable)

Is this person also the Company Secretary? Yes No

Particulars of Any Other Directorship held *(Complete only if the director has no other business occupation)*

Company Name

Company Number Company TRN

Location
Building/Complex/Apt/Suite

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

Street
Number Name

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Example: "Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc) . See complete list on pages 12 &13

Field or Profession

Expiry Date
dd/mm/yyyy

Certifying Body

Certification #

Have you provided the relevant certification as part of your application ? Yes No

12d. Name
Last First Middle

Title/ Occupation

Present Nationality *See page 10 for more details regarding other supporting documentation*

Tel. Cell

Original Nationality
(if different from present nationality)

18 Years or Over? Yes No Sex Female Male

Location
Building/Complex/Apt/Suite

(If creating a new company, complete the following fields if applicable)

Is this person also the Company Secretary? Yes No

Street
Number Name

Particulars of Any Other Directorship held *(Complete only if the director has no other business occupation)*

Town/District
City/Town/District

Company Name

Post Office P. O. Box

Company Number Company TRN

Parish Postal Code

Location
Building/Complex/Apt/Suite

Country

Street
Number Name

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Example: "Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 & 13

Field or Profession	<input type="text"/>	Expiry Date	<input type="text"/> <i>dd/mm/yyyy</i>
Certifying Body	<input type="text"/>	Certification #	<input type="text"/>

Have you provided the relevant certification as part of your application? Yes No

To add more directors/proprietors, fill-in Schedule 1 and attach it to the back of this form Is Schedule Attached? Yes No

SECTION C - Directors/Proprietors Information - Companies (Complete ONLY if there is a Corporate Director/Proprietor)

Principal - Director/Proprietor Only Yes No (Only one Individual or Corporate Director/Proprietor must be indicated. See Page 2)

13a Company Name

Company Number	<input type="text"/>	Company TRN.	<input type="text"/>	Date Incorporated	<input type="text"/> <i>dd/mm/yyyy</i>	Classification of Company	<input type="checkbox"/> Private <input type="checkbox"/> Public
Location	<input type="text"/> <i>Building/Complex/Apt/Suite</i>			Tel1.	<input type="text"/>	Tel2	<input type="text"/>
Street	<input type="text"/> <i>Number</i>	<input type="text"/> <i>Name</i>		Fax.	<input type="text"/>	(Company Seal Should be Affixed If Required By The Company's Articles/Constitution)	
Town/District	<input type="text"/> <i>City/Town/District</i>						
Post Office	<input type="text"/>	P. O. Box	<input type="text"/>				
Parish	<input type="text"/>	Postal Code	<input type="text"/>				
Country	<input type="text"/>						

Two Officers are required to sign on behalf of the company
(If Required By The Company's Articles/Constitution)

Name(1)
Last
First
Middle

Capacity Director Secretary Authorized Official

Signature

Date Signed

Two Officers are required to sign on behalf of the company
(If Required By The Company's Articles/Constitution)

Name(2)
Last
First
Middle

Capacity Director Secretary Authorized Official

Signature

Date Signed

13b Company Name

Company Number	<input type="text"/>	Company TRN.	<input type="text"/>	Date Incorporated	<input type="text"/>	Classification of Company	<input type="checkbox"/> Private <input type="checkbox"/> Public
Location	<input type="text"/> <i>Building/Complex/Apt/Suite</i>			Tel1.	<input type="text"/>	Tel2	<input type="text"/>
Street	<input type="text"/> <i>Number</i>	<input type="text"/> <i>Name</i>		Fax.	<input type="text"/>		

Town/District

City/Town/District

Post Office **P. O. Box**

Parish **Postal Code**

Country

(Company Seal Should be Affixed If Required
By The Company's Articles/Constitution)

Two Officers are required to sign on behalf of the company
(If Required By The Company's Articles/Constitution)

Name(1)

Last

First

Middle

Capacity Director Secretary Authorized Official

Signature

Date Signed

To add more company directors/proprietors, fill-in Schedule 2 and attach it to the back of this form

Two Officers are required to sign on behalf of the company
(If Required By The Company's Articles/Constitution)

Name(2)

Last

First

Middle

Capacity Director Secretary Authorized Official

Signature

Date Signed

Is Schedule Attached? Yes No

SECTION D - Particulars of Company Secretary *(When creating a company only, complete this section if no director was identified as the company secretary)*

Type of Secretary Individual Company

14. Name

Last First Middle

Job Title/ Occupation

Tel. **Cell** **Nationality.**

Company Name

Individual Address

Location

Building/Complex/Apt/Suite

Street

Number Name

Town/District

City/Town/District

Post Office **P. O. Box**

Parish **Postal Code**

Country

Company's Registered Address

Location

Building/Complex/Apt/Suite

Street

Number Name

Town/District

City/Town/District

Post Office **P. O. Box**

Parish **Postal Code**

Country

SECTION E - GCT REGISTRATION*(Applying for GCT is ONLY applicable for New Companies)*15. Applying For GCT Yes No *(If No, skip to SECTION F)*16. Gross Income/Sales *(ie Projected Sales before Expenses)*

Monthly	Annual
GCT: <input type="text"/>	<input type="text"/>

17. Projected Start Date of Taxable Activities

GCT:
dd/mm/yyyy

18. GCT Taxable Activities

<u>Primary Activity</u> <i>(For Official Use Only)</i>	<u>Secondary Activity</u> <i>(For Official Use Only)</i>
<input type="text"/>	<input type="text"/>

19. Would you like an officer from the Tax Department to contact you in order to explain your tax obligations? Yes No20. If you have more than one place of business, state the number of GCT Certificates required 21. Are your accounts computerised? Yes No Partly**SECTION F - TAX COMPLIANCE CERTIFICATE***(Applying for TCC is ONLY applicable for New Companies)*22. Applying For TCC? Yes No *(If No, skip to SECTION G)*

23. Certificate is required for (Select one):

- Custom Clearance *(Please complete fields 24-28) Only*
- Contracts Only
- Multi-Purpose
- Other (Use Specify List)
- _____

24. Vessel

25. Date Reported

dd/mm/yyyy

26. Document Type

- Airway Bill
- Bill of Sight
- Bill of Lading
- Detention Notice
- Wharf Order

27. Document Number

28. Description of Goods

SECTION G - DECLARATION

29. To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Name
First
LastSignature Position *(State whether Proprietor, Partner, Director, Manager, Secretary, Office-holder in Club, Association, etc)*Date
*dd/mm/yyyy*ID Type *(Please use Declarant ID in Section I on Page 9)*Email Address

SECTION H - FILED BY*(Please indicate who will be submitting this document on behalf of the Company or Business Names)***30. Name**

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Last

First

Middle

Company Name

--

Email Address

--

Location

--

*Building/Complex/Apt/Suite***Tel.**

--

Cell

--

Street

--	--

*Number**Name***Fax**

--

Town/District

--

*City/Town/District***TRN**

--

Post Office

--

P. O. Box

--

Parish

--

P/Code

--

Country

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SECTION I - DIRECTORS/PROPRIETORS/SECRETARY TRN*(Kindly sure the names entered in this section match that in Sections B, C & D)***31. Name (Directors/Proprietors)****Taxpayer Registration Number**

Name (Company Secretary if Applicable)**Taxpayer Registration Number**

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Declarant ID
 Driver's License
 National Voter's ID
 Passport
ID Number

--

FOR OFFICIAL USE ONLY**Customer Service Officer's Name****Date****Remarks**

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*dd/mm/yyyy***Customer Service Officer's Signature**

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Nearest Collectorate to Business Name/Company (See List on page 10)

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Data Sheet

List of Tax Offices

Requirement: Nationality

Clarendon - Chapelton
- Lionel Town
- May Pen

+ Where owners are not of Jamaican/Caricom nationality. The original /certified copy of the valid work permit is required.

Hanover - Lucea

+ Where owners have become nationals by naturalization or marriage. The original/certified copy of the naturalization documents or marriage certificate is required.

Kingston - Kingston

+ Where an Individual's name has been changed by either marriage or a deed poll a certified copy of this document must be attached.

Manchester - Christiana
- Mandeville

Portland - Buff Bay
- Port Antonio

St. Andrew - Constant Spring
- Cross Roads

St Ann - Brown's Town
- Moneague
- St. Anns Bay

St. Catherine - Linstead
- Old Harbour
- Spanish Town
- Portmore

St. Elizabeth - Santa Cruz
- Black River

St. James - Montego Bay

St. Mary - Annotto Bay
- Port Maria

St. Thomas - Morant Bay
- Port Morant

Trelawny - Falmouth
- Jackson Town

Westmoreland - Darliston
- Savanna-La-Mar

JUSTIFICATION WORDS AND RESPONSIBLE TABLE

+ The use of certain words, in the proposed name of a company/business shall be justified to the Registrar's satisfaction prior to registration where-

- = The use of the word suggests a connection with the Crown or members of a royal family or suggests royal patronage, for example "Royal", "King", "Princess", "Prince", or "Crown";
- = The name suggests a connection with a Government department, statutory undertaking, local authority, or with any Commonwealth or foreign Government;

Words used in Name	Justification Reasons
1. Global	a) Conducting business globally
2. "Group"	a) First in the group of companies
3. Holding/(s)	a) The company will be holding shares in other companies b) The company will own other companies
4. "National"	b) Affiliated with other Jamaican entities
5. International;	c) Will be Trading internationally d) Serving clients locally and overseas
6. Caribbean	e) Operating within the Caribbean f) Trading with the Caribbean
7. CARICOM	g) Trading with CARICOM countries
8. Worldwide	h) Trading worldwide i) Conducting business worldwide j) Buying goods worldwide/globally
9. "King", "Princess", "Prince", Queen or "Crown"; "Royal",	k) It is my name; It is my address. l) Divine Guidance
10. Crown	m) Only Crowne is allowed. No justification required if "e" is at the end
11. "Royal",	n) Only Royale is allowed. No justification required if "e" is at the end
12. Nationality. Names contains Nationality for example "British" or "American" etc;	o) Will be trading goods from this country or will be trading with this country p) Will be affiliated with this country
13. A Parish in the name	q) I live in this parish r) I was born in this parish s) Business Operating in the parish
14. A Personal name	t) This is a family name. u) my mother's name, father's name. myname. v) If not 'a family name' then permission is needed. Submit permission.
15. "Standard" may not be included in a proposed company name unless the Minister has given his consent pursuant to section 13 of the Standards Act	w) Submit permission
16. "Blue Mountain" may only be used where the Coffee Industry Board has so permitted pursuant to the Coffee Industry Regulation Act	x) Submit permission

CERTIFICATION TABLE - PART 1 OF 2

- + When selecting a nature/the businesses activity, where the use of these words in the nature makes reference to these professions/ occupations certification is required.
- + The nature must be for profit making, cannot be a charity.
- + This requires the production of certification from the relevant professional or regulatory body upon submission for registration.

THE USE OF THESE WORDS IN THE NATURE OR NAME OF BUSINESS MAKING REFERENCE TO THESE PROFESSIONS/ OCCUPATIONS REQUIRE CERTIFICATION	PROFESSIONAL/ REGULATORY BODY	CERTIFICATION	Justification of Name Required	Certification Required For Company
ACCOUNTANT (PUBLIC)	PUBLIC ACCOUNTANCY BOARD	License	NO	ALL
ACCOUNTANT (Chartered)	ICAJ	PRACTISING CERTIFICATE	NO	ALL
ARCHITECT	ARCHITECTS REGISTRATION BOARD	CERTIFICATE OF REGISTRATION	NO	ALL
Legal/Law	GENERAL LEGAL COUNCIL	PRACTISING CERTIFICATE	NO	ALL
ATTORNEY-AT-LAW	GENERAL LEGAL COUNCIL	PRACTISING CERTIFICATE	NO	ALL
BARBER	LOCAL BOARD OF HEALTH for respective Parish Council	LICENCE	NO	ALL
Bank	Bank of Jamaica	LICENCE	NO	ONLY 1
BEAUTY THERAPIST/COSMETOLOGIST/HAIR DRESSER	LOCAL BOARD OF HEALTH for respective Parish Council	LICENCE	NO	ALL
TRADER IN SECOND HAND GOLD/CASH FOR GOLD	RESIDENT MAGISTRATE COURT	LICENCE	NO	ALL
CREDIT BUREAU	Bank of Jamaica	LICENCE	NO	ONLY 1
CUSTOM BROKER	CUSTOM BROKER ASSOCIATION	LICENCE	NO	ALL
DENTIST	DENTAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
DIETICIAN	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	PRACTISING CERTIFICATE	NO	ALL
ELECTRICAL INSTALLATION	BOARD OF ELECTRICIANS	LICENCE	NO	ALL
Engineering	PROFESSIONAL ENGINEERS REGISTRATION BOARD	PRACTISING CERTIFICATE	YES	ALL
ENGINEER	PROFESSIONAL ENGINEERS REGISTRATION BOARD	PRACTISING CERTIFICATE	YES	ALL
LAND SURVEYOR	LAND SURVEYORS BOARD	PRACTISING CERTIFICATE	NO	ALL
LOTTERY AGENTS	BETTING, GAMING AND LOTTERIES COMMISSION	LICENCE	NO	ONLY 1
Medical	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
MEDICAL PRACTITIONER	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
MEDICAL LABORATORY TECHNICIAN	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	PRACTISING CERTIFICATE	NO	ALL

CERTIFICATION TABLE- PART 2 OF 2

- + When selecting a nature/the businesses activity, where the use of these words in the nature makes reference to these professions/ occupations certification is required.
- + The nature must be for profit making, cannot be a charity.
- + This requires the production of certification from the relevant professional or regulatory body upon submission for registration.

THE USE OF THESE WORDS IN THE NATURE OR NAME OF BUSINESS MAKING REFERENCE TO THESE PROFESSIONS/ OCCUPATIONS REQUIRE CERTIFICATION	PROFESSIONAL/ REGULATORY BODY	CERTIFICATION	Justification of Name Required	Certification Required For
NURSE/MID-WIFE	NURSING COUNCIL	CERTIFICATE OF REGISTRATION	NO	ALL
OCCUPATIONAL THERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
OPHTHALMOLOGIST	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
OPTICIAN/OPTOMETRY PROFESSIONAL	REGISTRAR GENERAL'S DEPARTMENT	LETTER FROM COUNCIL EVIDENCING REGISTRATION / OR COPY OF MOST RECENT GAZETTE SHOWING REGISTRATION	NO	ALL
PEST CONTROL	PESTICIDE CONTROL AUTHORITY	CERTIFICATE OF REGISTRATION	NO	ALL
PHARMACY	PHARMACY COUNCIL OF JAMAICA	No Objection Letter	NO	ONLY 1
PHARMACIST	PHARMACY COUNCIL OF JAMAICA	CERTIFICATE OF REGISTRATION/ PRACTICING CERTIFICATE	NO	ONLY 1
PHYSIOTHERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
PROPERTY DEVELOPER (for specific projects)	REAL ESTATE BOARD	LICENCE	NO	ALL
PROPERTY MANAGEMENT	REAL ESTATE BOARD	LICENCE	NO	ALL
RADIOGRAPHERS	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
REAL ESTATE DEALERS/REAL ESTATE SALESMAN	REAL ESTATE BOARD	LICENCE	NO	ALL
RETIREMENT HOMES	MINISTRY OF HEALTH	LETTER FROM MOH	NO	ONLY 1
SCHOOLS; DAY CARE CENTRES; NURSERIES	MINISTRY OF EDUCATION	LETTER FROM MOE	NO	ONLY 1
SPEECH THERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
VETERINARY SURGEON	VETERINARY COUNCIL OF JAMAICA	CERTIFICATE OF REGISTRATION	NO	ALL