



FORM 19B (ITEM 8B) – CONTINUATION PAGE

PARTICULARS OF DIRECTORS



READ INSTRUCTIONS BEFORE COMPLETING

THE COMPANIES ACT OF JAMAICA
ANNUAL RETURN FOR COMPANIES LIMITED
BY GUARANTEE WITHOUT A SHARE CAPITAL
(Pursuant to sections 363(1) and 365(1) of the Companies Act 2004)

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

8B. PARTICULARS OF DIRECTORS AS AT THE DATE OF THIS ANNUAL RETURN

DIRECTOR This person is a nominee director

FULL NAME: (First then last)				
FORMER NAME(S) (IF ANY) (For Individuals)				
FULL ADDRESS OR REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/STATE/PROVINCE:		COUNTRY:	

DIRECTOR This person is a nominee director

FULL NAME: (First then last)				
FORMER NAME(S) (IF ANY) (For Individuals)				
FULL ADDRESS OR REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/STATE/PROVINCE:		COUNTRY:	

DIRECTOR This person is a nominee director

FULL NAME: (First then last)				
FORMER NAME(S) (IF ANY) (For Individuals)				
FULL ADDRESS OR REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/STATE/PROVINCE:		COUNTRY:	



FORM 19B (ITEM 8B) – CONTINUATION PAGE

PARTICULARS OF DIRECTORS



READ INSTRUCTIONS BEFORE COMPLETING

DIRECTOR This person is a nominee director

FULL NAME: (First then last)				
FORMER NAME(S) (IF ANY) (For Individuals)				
FULL ADDRESS OR REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:		COUNTRY:	

DIRECTOR This person is a nominee director

FULL NAME: (First then last)				
FORMER NAME(S) (IF ANY) (For Individuals)				
FULL ADDRESS OR REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:		COUNTRY:	

DIRECTOR This person is a nominee director

FULL NAME: (First then last)				
FORMER NAME(S) (IF ANY) (For Individuals)				
FULL ADDRESS OR REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:		COUNTRY:	