

PARTICULARS OF DIRECTORS



READ INSTRUCTIONS BEFORE COMPLETING

### THE COMPANIES ACT OF JAMAICA ARTICLES OF INCORPORATION: COMPANY LIMITED BY GUARANTEE AND NOT HAVING 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.

#### 7. PARTICULARS OF DIRECTORS

DIRECTOR # (Where the director is an individual the name must be represented as FIRST MIDDLE LAST) This person is a nominee director

| FULL NAME:                                       |                                   |                          | SAME AS C | OMPANY SECRETARY |
|--|-----------------------------------|--------------------------|-----------|------------------|
| FULL ADDRESS or<br>REGISTERED<br>OFFICE ADDRESS: | STREET/DISTRICT:                  |                          |           |                  |
|  | TOWN:                             | POST OFFICE/POSTAL CODE: |           |                  |
|  | PARISH/COUNTY/<br>STATE/PROVINCE: | COUNTRY:                 |           |                  |
| OCCUPATION:                                      |                                   |                          |           |                  |

#### DIRECTOR # (Where the director is an individual the name must be represented as FIRST MIDDLE LAST) This person is a nominee director

| FULL NAME:                                       |                                   |  |                          | SAME AS COMPANY SECRETARY |  |  |
|--|-----------------------------------|--|--------------------------|---------------------------|--|--|
| FULL ADDRESS or<br>REGISTERED<br>OFFICE ADDRESS: | STREET/DISTRICT:                  |  |                          |                           |  |  |
|  | TOWN:                             |  | POST OFFICE/POSTAL CODE: |                           |  |  |
|  | PARISH/COUNTY/<br>STATE/PROVINCE: |  | COUNTRY:                 |                           |  |  |
| OCCUPATION:                                      |                                   |  |                          |                           |  |  |

#### DIRECTOR # (Where the director is an individual the name must be represented as FIRST MIDDLE LAST) This person is a nominee director

| FULL NAME:                                       |                                   |              | SAME AS C    | OMPANY SECRETARY |
|--|-----------------------------------|--------------|--------------|------------------|
| FULL ADDRESS or<br>REGISTERED<br>OFFICE ADDRESS: | STREET/DISTRICT:                  |              |              |                  |
|  | TOWN:                             | POST OFFICE/ | POSTAL CODE: |                  |
|  | PARISH/COUNTY/<br>STATE/PROVINCE: | COUNTRY:     |              |                  |
| OCCUPATION:                                      |                                   |              |              |                  |

FOR OFFICIAL USE ONLY COMPANY #:



## FORM 1B (ITEM 7) - CONTINUATION PAGE

PARTICULARS OF DIRECTORS



READ INSTRUCTIONS BEFORE COMPLETING

#### DIRECTOR # (Where the director is an individual the name must be represented as FIRST MIDDLE LAST) This person is a nominee director

| FULL NAME:                                       |                                   |                          | SAME AS C | OMPANY SECRETARY |
|--|-----------------------------------|--------------------------|-----------|------------------|
| FULL ADDRESS or<br>REGISTERED<br>OFFICE ADDRESS: | STREET/DISTRICT:                  |                          |           |                  |
|  | TOWN:                             | POST OFFICE/POSTAL CODE: |           |                  |
|  | PARISH/COUNTY/<br>STATE/PROVINCE: | COUNTRY:                 |           |                  |
| OCCUPATION:                                      |                                   |                          |           |                  |

#### DIRECTOR # (Where the director is an individual the name must be represented as FIRST MIDDLE LAST) This person is a nominee director

| FULL NAME:                                       |                                   |                          | SAME AS C | OMPANY SECRETARY |
|--|-----------------------------------|--------------------------|-----------|------------------|
| FULL ADDRESS or<br>REGISTERED<br>OFFICE ADDRESS: | STREET/DISTRICT:                  |                          |           |                  |
|  | TOWN:                             | POST OFFICE/POSTAL CODE: |           |                  |
|  | PARISH/COUNTY/<br>STATE/PROVINCE: | COUNTRY:                 |           |                  |
| OCCUPATION:                                      |                                   |                          |           |                  |