



FORM 1B



New Incorporation (Requires Stamp Duty)

Amended Articles

Adopted Articles

Re-registration

(Changing from one type of a company to another)

THE COMPANIES ACT OF JAMAICA

ARTICLES OF INCORPORATION:

COMPANY LIMITED BY GUARANTEE AND NOT HAVING A SHARE CAPITAL

(Pursuant to sections 8 & 20 of the Companies Act)

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

1A. NAME OF COMPANY		
1B. JUSTIFICATION FOR PROPOSED NAME (if applicable)		The use of words such as "Caribbean", "Global" and "International" must be explained. See BRF1 form for full list of words that need justification.
1C. COMPANY TELEPHONE NUMBER		1D. COMPANY EMAIL ADDRESS

2. THE REGISTERED OFFICE IS LOCATED IN JAMAICA AND THE LIABILITY OF THE MEMBERS IS LIMITED

3A. THIS ASSOCIATION IS FORMED EXCLUSIVELY FOR THE PROMOTION OF

Commerce Art Science Religion Charity Other

If OTHER, specify _____

The powers of the company are limited to those necessary to the carrying out of the main business of the company outlined in **item 3** above.

3B. RESTRICTIONS, IF ANY, ON THE BUSINESS THE ASSOCIATION MAY CARRY ON

You may state the activities that the association can engage in or is prohibited from engaging in.

4. COMPANY'S ARTICLES Please check the appropriate box below (ONLY ONE BOX MUST BE CHECKED)

4a.	Standard Articles (Rules) from Table B in their entirety: Articles 1-71 only	<p>TO COMPLETE THIS SECTION</p> <p>Table B of the First Schedule of the Companies Act 2004 provides standard articles (rules) for the internal management of a company limited by guarantee.</p> <p>In Table B:</p> <ul style="list-style-type: none"> Articles 1-71 detail general meetings, votes of members, Directors, borrowing powers of the company, the seal, accounts and notices etc. <p>TO COMPLETE THIS SECTION</p> <p>You may choose from Table B:</p> <ul style="list-style-type: none"> All the Rules in their entirety, exactly as they are stated; or All the Rules in their entirety with an additional article Some of the Rules <p>If you do not choose to select any of the options 4a to 4d then you must attach your own articles (rules) for the internal management of the company to this form and select the "Other" option at 4e. You are also required to attach schedules containing the varied or additional articles which you wish to include.</p> <p>Charities most often choose the option 4b.</p>
4b.	Standard Articles (Rules) from Table B Articles 1-35, 37-71 with Varied Article 36 and Additional Articles 72-77 SEE SCHEDULE(S) _____	
4c.	Standard Articles (Rules) selected from Table B (e.g. 1-30 & 32-71) ARTICLES _____	
4d.	Standard Articles (Rules) selected from Table B with varied and/or additional articles ARTICLES _____ SEE SCHEDULE(S) _____	
4e.	Other ("Other" is to be used when you do not wish to accept the Standard Articles from Table B and wish to attach your own) SEE SCHEDULE(S) _____	

NOTES FOR ASSOCIATIONS WISHING TO REMOVE "LIMITED" FROM THEIR NAMES

The Minister may issue a licence which permits the removal of the word "Limited" from the name of the company. It is advised that an additional schedule be attached to the articles outlining how the association is to be governed and the manner in which the funds will be used for charitable purposes.

FOR OFFICIAL USE ONLY COMPANY #:



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5. GUARANTEE/MEMBERS' LIABILITY (Mandatory)

(Every member of the association undertakes to contribute to the assets of the association in the event of the same being wound up or closed.)

STATE THE AMOUNT IN DOLLARS: \$ _____

6A. MINIMUM NUMBER OF DIRECTORS		A private company must have at least one Director; he/she cannot also be the Company Secretary. A public company must have a minimum of three (3) Directors; two of them however should not be employed by the company or any of its affiliates
AND / OR		
6B. MAXIMUM NUMBER OF DIRECTORS		

7. PARTICULARS OF DIRECTORS (Where the director is an individual the name must be represented as FIRST MIDDLE LAST)

DIRECTOR 1 This person is a nominee director

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

DIRECTOR 2 This person is a nominee director

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

DIRECTOR 3 This person is a nominee director

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



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DIRECTOR 4 This person is a nominee director

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

DIRECTOR 5 This person is a nominee director

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

DIRECTOR 6 This person is a nominee director

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

_____ Continuation page(s) attached

8. PARTICULARS OF COMPANY SECRETARY

(Where the Secretary is an individual the name must be represented as FIRST MIDDLE LAST

(Where one of the named Directors has been identified as the company secretary, this item does not need to be completed.)

FULL NAME:				
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/STATE/PROVINCE:		COUNTRY:	
OCCUPATION:				



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9. PROPOSED NUMBER OF MEMBERS AT THE TIME OF INCORPORATION

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10. PARTICULARS OF INDIVIDUALS WHO ARE SUBSCRIBERS

SUBSCRIBER PARTICULARS	SUBSCRIBER 1	SUBSCRIBER 2	SUBSCRIBER 3	SUBSCRIBER 4
NAME				
ADDRESS				
NATIONALITY				
OCCUPATION				
SIGNATURE				
DATE (dd/mm/yyyy)				
WITNESS PARTICULARS	WITNESS FOR SUBSCRIBER 1	WITNESS FOR SUBSCRIBER 2	WITNESS FOR SUBSCRIBER 3	WITNESS FOR SUBSCRIBER 4
BY (NAME OF WITNESS)				
WITNESSED AT (LOCATION/ADDRESS)				
SIGNATURE				
DATE (dd/mm/yyyy)				
If a subscriber and a witness are located in different countries, 'while on visit' must be selected.	While on Visit	While on Visit	While on Visit	While on Visit
	* Where more than one class of shares are issued, at incorporation, a Form 3 must be completed and attached to this form.			
				_____ Continuation page(s) attached



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11. PARTICULARS OF SUBSCRIBERS WHO ARE COMPANIES

COMPANY PARTICULARS		OFFICER PARTICULARS	OFFICER 1	OFFICER 2
COMPANY NAME		OFFICER NAME		
COMPANY NUMBER (LOCAL/OVERSEAS COMPANY)		OFFICE HELD IN COMPANY		
DATE OF INCORPORATION (DD/MM/YYYY)		SIGNATURE		
COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS				
COUNTRY OF INCORPORATION		DATE (DD/MM/YYYY)		
SEAL		WITNESS PARTICULARS	WITNESS FOR OFFICER 1	WITNESS FOR OFFICER 2
		BY (NAME OF WITNESS)		
		WITNESSED AT (LOCATION/ADDRESS)		
		SIGNATURE		
		DATE (DD/MM/YYYY)		
		If an officer and a witness are located in different countries, 'while on visit' must be selected.	While on Visit	While on Visit
_____ Continuation page(s) attached				

12. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT		CAPACITY	Director	Secretary	Authorised Official
SIGNATURE OF DECLARANT		DATE (DD/MM/YYYY)			



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13. PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA

FIRST NAME:			LAST NAME:	
ADDRESS:	STREET:			
	TOWN:			
	POST OFFICE:			
	PARISH:			
E-MAIL ADDRESS:				
CONTACT NUMBER:				
FAX NUMBER:				

14. ADDITIONAL PARTICULARS OF DIRECTORS

NAME OF DIRECTOR	TAXPAYER REGISTRATION NUMBER	EMAIL	CONTACT NUMBER
1.			
2.			
3.			
4.			
5.			
6.			



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15. ADDITIONAL PARTICULARS OF COMPANY SECRETARY

NAME OF SECRETARY	TAXPAYER REGISTRATION NUMBER <i>(WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)</i>	EMAIL	CONTACT NUMBER

16. ADDITIONAL PARTICULARS OF DECLARANT

NAME OF DECLARANT	TAXPAYER REGISTRATION NUMBER <i>(WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)</i>	EMAIL	CONTACT NUMBER

17. ADDITIONAL PARTICULARS OF INDIVIDUAL SUBSCRIBERS

NAME OF SUBSCRIBER <i>(first then last)</i>	TAXPAYER REGISTRATION NUMBER <i>(WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE NUMBER)</i>	DATE OF BIRTH <i>(dd/mm/yyyy)</i>
1.		
2.		
3.		
4.		
5.		