

FORM 1C (ITEM 10) - CONTINUATION PAGE

PARTICULARS OF DIRECTORS



READ INSTRUCTIONS BEFORE COMPLETING

THE COMPANIES ACT OF JAMAICA ARTICLES OF INCORPORATION: COMPANY LIMITED BY GUARANTEE WITH 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.

DIRECTOR # This person is a	(Where the director is an individual a nominee director	the name must be represented as FIRST MIDDLE LAST)
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:		
FULL NAME:	ethert (histoict	SAME AS COMPANY SECRETARY
This person is a	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 #		the name must be represented as FIRST MIDDLE LAST)
DIRECTOR #	(Where the director is an individual	the name must be represented as FIRST MIDDLE LAST) SAME AS COMPANY SECRETARY
DIRECTOR # This person is a FULL NAME: FULL ADDRESS or	(Where the director is an individual	
DIRECTOR # This person is a FULL NAME: FULL ADDRESS or REGISTERED	(Where the director is an individual a nominee director	
DIRECTOR # This person is a FULL NAME: FULL ADDRESS or	(Where the director is an individual a nominee director STREET/DISTRICT:	SAME AS COMPANY SECRETARY



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DIRECTOR # This person is a	(Where the director a nominee director	is an individual the name must be represented a	as FIRST MIDDLE LA	ST)	
FULL NAME:		SAME AS COMPANY SECRETARY			
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:		·		
	TOWN:	POST OF	FFICE/POSTAL CODE:	CE/POSTAL CODE:	
	PARISH/COUNTY/ STATE/PROVINCE:	COUNTR	RY:		
OCCUPATION:					
DIRECTOR # This person is a	(Where the director a nominee director	is an individual the name must be represented a	as FIRST MIDDLE LA	ST)	
FULL NAME:			SAME AS	COMPANY SECRETARY	
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:				
	TOWN:	POST OF	FFICE/POSTAL CODE:		
	PARISH/COUNTY/ STATE/PROVINCE:	COUNTR	RY:		
OCCUPATION:					