



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.

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



FORM 1C (ITEM 10) – 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 COMPANY SECRETARY
FULL ADDRESS or REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/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 REGISTERED OFFICE ADDRESS:	STREET/DISTRICT:			
	TOWN:		POST OFFICE/POSTAL CODE:	
	PARISH/COUNTY/STATE/PROVINCE:		COUNTRY:	
OCCUPATION:				