



FORM 5A



THE COMPANIES ACT OF JAMAICA NOTICE TO THE REGISTRAR OF COMPANIES OF RENEWAL OF IDENTIFICATION

(Pursuant to section 377AD of the Companies Act of Jamaica)

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

1. NAME OF COMPANY			
1A. COMPANY NUMBER		1B. COMPANY TAXPAYER REGISTRATION NUMBER	

2. DETAILS OF PERSON THAT IDENTIFICATION RELATES TO

Please attach a certified copy of the renewed identification document. The copy must be certified to be a true copy of the original by a Justice of the Peace, Notary Public, Attorney-at-law, Commissioner of Oaths, Apostille, the Ambassador or Consul-General.

NAME OF PERSON THAT IDENTIFICATION RELATES TO:	NAME OF PERSON THAT IDENTIFICATION RELATES TO:	NAME OF PERSON THAT IDENTIFICATION RELATES TO:
<u>POSITION OF PERSON IN COMPANY:</u> Director Member / Shareholder Company Secretary Beneficial Owner Other _____	<u>POSITION OF PERSON IN COMPANY:</u> Director Member / Shareholder Company Secretary Beneficial Owner Other _____	<u>POSITION OF PERSON IN COMPANY:</u> Director Member / Shareholder Company Secretary Beneficial Owner Other _____
<u>TYPE OF IDENTIFICATION:</u> Passport Driver's License Other _____	<u>TYPE OF IDENTIFICATION:</u> Passport Driver's License Other _____	<u>TYPE OF IDENTIFICATION:</u> Passport Driver's License Other _____
<u>DATE OF ISSUE OF IDENTIFICATION:</u> <i>(This refers to the date of issue of the identification document being filed with this form)</i> _____ <i>(dd/mm/yyyy)</i>	<u>DATE OF ISSUE OF IDENTIFICATION:</u> <i>(This refers to the date of issue of the identification document being filed with this form)</i> _____ <i>(dd/mm/yyyy)</i>	<u>DATE OF ISSUE OF IDENTIFICATION:</u> <i>(This refers to the date of issue of the identification document being filed with this form)</i> _____ <i>(dd/mm/yyyy)</i>
<u>DATE OF EXPIRY OF IDENTIFICATION:</u> <i>(This refers to the date of expiry of the identification document being filed with this form)</i> _____ <i>(dd/mm/yyyy)</i>	<u>DATE OF EXPIRY OF IDENTIFICATION:</u> <i>(This refers to the date of expiry of the identification document being filed with this form)</i> _____ <i>(dd/mm/yyyy)</i>	<u>DATE OF EXPIRY OF IDENTIFICATION:</u> <i>(This refers to the date of expiry of the identification document being filed with this form)</i> _____ <i>(dd/mm/yyyy)</i>

Government issued ID should be used.

3. DECLARATION

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)	

FOR OFFICIAL USE ONLY COMPANY #:



FORM 5A



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FORM 5A



4. FIELD BY INFORMATION

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

5. PARTICULARS OF PERSON GIVING THE NOTICE TO THE REGISTRAR OF COMPANIES

NAME (First then Last)	TAX REGISTRATION NUMBER (WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE)	EMAIL ADDRESS	CONTACT NUMBER

"FOR OFFICIAL USE ONLY"

COMPANY NUMBER: _____

FIELD: _____ / _____ / _____
Day Month Year