BENEFICIAL OWNERSHIP RETURN – FORM A
STATUS QUO

READ INSTRUCTIONS BEFORE COMPLETING

THE COMPANIES ACT OF JAMAICA
PARTICULARS OF BENEFICIAL OWNER

(Pursuant to Section 377 A(1) of the Companies Act 2004)

BENEFICIAL OWNER OF A COMPANY

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

PLEASE INDICATE THE REASON FOR SUBMITTING THIS FORM:

☐ Annual Submission (Overseas Companies)
☐ Attachment to the Form 19E-A Status Quo

1A. NAME OF COMPANY			
1B. COMPANY REGISTRATION NUMBER			
1C. COMPANY TAXPAYER REGISTRATION NUMBER			
1D. COUNTRY OF INCORPORATION *(overseas company)*			
1E. PRINCIPAL PLACE / ADDRESS OF BUSINESS *(overseas company)*			
1F. COMPANY TELEPHONE NUMBER		1G. COMPANY EMAIL ADDRESS	
1H. TYPE OF COMPANY	☐ Private ☐ Public		

2B. PERIOD FOR WHICH RETURN IS MADE UP *(Where Return is being filed annually)*

	Day	Month	Year		Day	Month	Year
(I). START				(II). END			

ITEM 2B: This section should be completed to reflect the reporting period of the Beneficial Ownership Return. The start date should be the date immediately following the date the company was incorporated and the end date should be the date the company was incorporated. For example, if the company was incorporated August 10, 2018 and your Beneficial Ownership Return is being filed for the period 2020-2021, the date at Item 2a. (I) should read August 11, 2020 and (II) August 10, 2021.

2C. STATUS QUO DECLARATION:

☐ BENEFICIAL OWNER(S) OF COMPANY IS/ARE THE SAME
☐ ALL CORPORATE SHAREHOLDERS/MEMBERS HAVE BEEN IDENTIFIED
☐ ALL BENEFICIAL OWNER(S) OF CORPORATE SHAREHOLDERS/MEMBERS IS/ARE THE SAME
☐ NO CHANGES TO THE PARTICULARS OF THE BENEFICIAL OWNER(S)

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ITEM 3: This Item must be signed declaring the accuracy of the information presented. The capacity of the signee/signatory must be indicated as well as the date which the declaration was made.

3. 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.

EXECUTION BY NATURAL PERSONS

NAME OF OFFICER	
CAPACITY	☐ Director ☐ Secretary ☐ Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	

OR

EXECUTION BY OFFICERS WHO ARE COMPANIES

NAME OF CORPORATE OFFICER	
CAPACITY OF CORPORATE OFFICER	☐ Director ☐ Secretary ☐ Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	
NAME OF SIGNING OFFICER OF COMPANY	
CAPACITY OF SIGNING OFFICER	☐ Director ☐ Secretary ☐ Authorised Official
SIGNATURE	
DATE (dd/mm/yyyy)	

COMPANY SEAL

FILED BY PAGE

4. 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:				

ITEM 4: The 'Filed By' Information page must be completed. The information given must be accurately presented.