

THE JAMAICA CENTRAL SECURITIES DEPOSITORY
40 Harbour Street
Kingston, Jamaica, W.I.

APPLICATION TO BECOME A PARTICIPANT

1. Name of Applicant: _____

2. Applicant's TRN: _____

3. Address:
(a) Registered office: _____

(b) Branch office: _____

4. Address where any notice to Applicant should be sent:

5. Telephone Number: _____

6. Name and telephone numbers of person(s) to be contacted in connection with this Application:

<i>(Name)</i>	<i>(Position)</i>	<i>(Tele. #)</i>	<i>(E-mail)</i>
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<i>(Name)</i>	<i>(Position)</i>	<i>(Tele. #)</i>	<i>(E-mail)</i>
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7. Date of Incorporated of Organization or Applicant: _____

KEY APPOINTMENTS

1. Names and dates of appointment of: Chairman / CEO and Managing Director.

<i>(Name)</i>	<i>(Position)</i>	<i>(Appointed)</i>
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<i>(Name)</i>	<i>(Position)</i>	<i>(Appointed)</i>
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2. Name and dates of appointment of all Directors including non-Executive Directors
(The latter to be identified as such):

_____	_____	_____
(Name)	(Position)	(Appointed)
_____	_____	_____
(Name)	(Position)	(Appointed)
_____	_____	_____
(Name)	(Position)	(Appointed)
_____	_____	_____
(Name)	(Position)	(Appointed)

ORGANIZATION & HISTORY

1. How long has the Applicant been in business? _____
2. Type of organization: Corporation Partnership Sole Proprietorship Limited Liability Company
3. Please describe the specific nature of Applicant's business: _____

4. Please furnish information on ownership and organization structure:

AUDITING

Please identify the Applicant's independent auditors for the last three years and name(s) of person(s) in charge of the Applicant's audits who may be contacted by the JCSD.

Auditing Firm	Contact Name	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANKING

Applicant is required to establish a minimum of J\$500,000 available line of credit with a commercial bank payable to the Jamaica Central Securities Depository Limited. Please identify the bank with which Applicant has established this facility.

AUTHORIZED SIGNATORIES

Please supply a sample of signatures of persons at the Applicant who are authorized to sign on behalf of the Applicant's firm.

CONTACTS

Please provide the names and telephone number of person(s) whom the JCSD can contact regarding issues relating to the day-to-day operations.

_____	_____	_____	_____
<i>(Name)</i>	<i>(Position)</i>	<i>(Tele. #)</i>	<i>(E-mail)</i>
_____	_____	_____	_____
<i>(Name)</i>	<i>(Position)</i>	<i>(Tele. #)</i>	<i>(E-mail)</i>
_____	_____	_____	_____
<i>(Name)</i>	<i>(Position)</i>	<i>(Tele. #)</i>	<i>(E-mail)</i>

FINANCIAL

1. Total Excess Net Free Capital and stockholders' Equity at Applicant's last fiscal year end.

<u>Fiscal Year End</u>	<u>Excess Net Free Capital</u>	<u>Shareholders' Equity</u>
_____	\$ _____	\$ _____

2. Financial Material Required:

- (a) Most recent audited financial statements issued including balance sheet and P & L statement.
- (b) Please submit a copy of the latest Annual Report and Accounts, if applicable.

Note: All sections of this questionnaire must be completed. If any section does not pertain to Applicant, please so indicate by inserting "Not Applicable" or "N/A."

A Director and the Company Secretary must sign this form and the Company Seal affixed.

DECLARATION BY APPLICANT

We hereby declare that the above answers are correct to the best of our knowledge and belief. We authorize the JCSD by its staff or agents to conduct such examination of the affairs of the company, and predecessor entity or any prior employer of its principals as the JCSD may determine. The company agrees to abide by and be subject to the Articles and Memorandum of Association and Rules and Regulations of the Jamaica Central Securities Depository as they are now or as they shall be from time to time amended.

THE COMMON SEAL of The JAMAICA)
CENTRAL SECURITIES DEPOSITORY)
LIMITED was hereunto affixed)
And this Agreement signed by)
_____ Director and) _____
_____ Director/Secretary) _____

in the presence of:

THE COMMON SEAL of)
)
was hereunto affixed)
And this Agreement signed by)
_____ Director and) _____
_____ Director/Secretary) _____

in the presence of:
