FORM 1

THE DEPOSIT INSURANCE ACT

APPLICATION FOR DEPOSIT INSURANCE

(Pursuant to Section 12(1))

NOTE: Where additional space in which to answer is required, the applicant shall complete the answer on a separate page that shall be marked as an attachment and cross-referenced to the item to which it pertains. Each such separate page shall be initialled by the signatories to this application or such other persons authorized in their place.

Section A: General Applicant Information Corporate name of the applicant..... 1. 2. (a) Date of incorporation/registration of the applicant..... (b) Date on which applicant commenced business..... 3. Country of incorporation of the applicant..... 4. If incorporated in Jamaica, give address, telephone and facsimile numbers of the registered office of the applicant..... 5. Address, telephone and facsimile numbers of the principal place of business if different from paragraph 4 above..... 6. Information in respect of the officer who is authorized to represent applicant with respect to this application: Full Name..... Job Title..... Address..... Telephone Number (s).... Facsimile Number (s)..... 7. If the applicant is incorporated outside of Jamaica: (a) Address of the head office..... Address of the principal office in Jamaica..... Name of one of its officers who is the authorized agent in Jamaica Name of one of its officers who is alternate authorized agent in Jamaica

- Submit certified copies of applicant's Memorandum of Association, Articles of Association, Certificate of Incorporation or other constituting documents (locally incorporated applicants only).
- Submit certified copies of applicant's constituting documents and copies of the powers of attorney of the authorized agents (if the applicant is incorporated outside Jamaica).
- 10. Information in respect of each director of the applicant:

	Name	Occupation	Address (Home or Business)				
11.	Information in respect of the Chief Executive Officer and other senior officers of the applicant:						
	Name	Desig	gnation				
12.	Name and address of each branch of the applicant in Jamaica:						
	Name		Address				

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13.	Informatio	n in respect of the	ne external auditor(s)	of the applicant::			
	(a)	Name					
	(b)	Address					
	(c)	Telephone nur	mber (s)				
	(d)	Facsimile num	ber(s)				
	(e)						
14.			ker (s) of the applican				
15.	The applicant must attach a copy of its latest audited balance sheet and profit and loss accounts in respect of all business transacted by it in the previous financial year and prepared in the manner prescribed in its governing statute or any regulations made under the Bank of Jamaica Act.						
Secti	on B: Inforr	nation and Corp	oorate Structure				
16.	Information on persons with at least 20% of voting shares of the applicant:						
	Name		Occupation	Address (Home and Business)	Number and type of Shares held and J\$ Amount		

17.	If the applicant is the subsidiary of another company, name, address and nature of business of that other company:						

18.	Name and	address, and na	ature of business of al	subsidiaries of the applicant	:		
19.	Where appli	olicable, attach a icant to other cor	corporate organization	nal chart, showing clearly, th forms part of a group.	e relationship		

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Attach the certified copy of the latest Annual Return of the applicant required under sections 121 and 122 of the Companies Act, or the information required pursuant to those sections 20. which has not been requested herein.

Sect	tion C: Other Information							
21.	Has the applicant, its holding comlaws of any jurisdiction:-	pany, subsidiaries or any of	their officers eve	r under the				
	(Tick the appropriate box. Submi	t details separately, where "y	es" is indicated).					
			Yes	<u>No</u>				
	(a) been refused deposit insurar	ce?	[]	[]				
	(b) held deposit insurance that h revoked, or been the subject		[]	[]				
	(c) been refused a licence to ac	cept deposits?	[]	[]				
	(d) had its licence as a deposit-t suspended, revoked, or the		[]	[]				
	 been found guilty of fraud, m violation of laws regulating the services or securities trading 	ne provision of financial	[]	[]				
22.	Give details of any pending litigation to which the applicant is a party that might materially							
	affect the capital base of the applicant							
	ned by Authorized Signatory		Date					
	t Full Name		Title					
	ned by Authorized Signatory		Date					
	t Full Name		Title					
Affix	Corporate Seal							
Seci	tion D: Documents Submitted (Tic	k as appropriate)						
(1)	Certified copy of Certificate of Incor	poration		[]				
(2)	Certified copy of Memorandum of A document certifying incorporation	Certified copy of Memorandum of Association and Articles of Association or						
(3)	Copy of latest audited financial sta	py of latest audited financial statements						
(4)	Certified copies of the last Annual Return required under sections 121 and 122 of the Companies Act							
(5)	Corporate Organization Chart			[]				
(6)	Other (please specify)			[]				

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