



**FINANCIAL
SERVICES
COMMISSION**

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THE SECURITIES ACT, 1993

FORM A

**THE SECURITIES (LICENSING AND
REGISTRATION) REGULATION, 1996**

FORM A

THE SECURITIES ACT, 1993
The Securities (Licensing and Registration) Regulations, 1996

APPLICATION FOR DEALER'S LICENCE OR INVESTMENT ADVISER'S LICENCE

Notes for Completing Application

1. This Form is to be used by every Applicant for a Dealer's or Investment Adviser's licence under the Securities Act.
2. All applicable questions must be answered. Failure to do so may cause delays in the processing of the Application.
3. If space provided for answers is insufficient, then furnish required information on an attachment.
4. This Form and all attachments added thereto must be typewritten. All signatures must be originals.
5. All documents pertaining to any question must be attached to the Form and be clearly marked with the number of the relevant question.
6. The Applicant for licensing under the Act and the Justice of the Peace or Notary Public before whom the Application is sworn, are each required to initial all attachments.

FORM A

THE SECURITIES ACT, 1993

The Securities (Licensing and Registration) Regulations, 1996

APPLICATION FOR DEALER'S LICENCE AND INVESTMENT ADVISER'S LICENCE.

SECTION A: THE APPLICANT

1. Name
Surname First Middle Maiden

2. Address.....
.....

3. Telephone No(s)Facsimile No.....

SECTION B: PURPOSE OF APPLICATION

Application is made for -

- Dealer's Licence
- Investment Adviser's Licence

Please tick the appropriate box

SECTION C: PARTICULARS OF APPLICANT

Indicate whether Applicant is a company ()
 a partnership ()
 an individual ()

1. If Applicant is a company :

(a) Set out on an attachment the names, business and residence addresses, and dates of appointment of directors, chief executive officer, company secretary and other senior officers.

(b) Country and Date of Incorporation or Registration

(c) Branch (if any):

Addresses

Telephone No (s)

(d) Share Capital

Par Value (J\$)	Authorized (No)	Issued (No)
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Preference Shares

Ordinary Shares

(e) Set out on an attachment the names, addresses and country of domicile and share-holdings of all shareholders holding more than 10% of any class of shares of the applicant.

2. If applicant is a partnership:

(a) Set out on an attachment the names, business and residence addresses, dates of admission to partnership and partnership interests of all partners.

4.

- (b) Date of formation of
(i) original Partnership
(ii) existing Partnership

(c) Date of Registration under the Business Names Act
.....

(d) Date of Recording at Island Record Office
.....

(e) Branch if any
Address
Telephone #

3. If applicant is an individual:

- (a) Residence Address
(b) Date of establishment of proprietorship
(c) Date of Registration under the Business Names Act
(d) Personal Description of Applicant -

Date of Birth Sex

Place of Birth

Height Weight Colour of eyes Colour of hair

.....
Citizenship If not a Jamaican citizen answer
Questions (i) and (ii) below

Name of spouse
Surname First Middle

5.

Nature of spouse's employment in Jamaica

Name of spouse's employer

(i) Are you a permanent resident of Jamaica? YES () NO ()

(ii) For how long have you been resident in Jamaica?
.....

Change of Name

List name changes resulting from marriage, divorce, court order or any other process, giving appropriate dates

Previous name	Date changed	Reason
.....
.....
.....

Have you ever carried on business under any name other than the name mentioned in Question 1 of this Form?

YES () NO ()

If YES, give details

.....
.....
.....

Passport Information

In providing the information requested below, the Applicant must also attach a copy of their passport certified by a Justice of the Peace or Notary Public.

Country	Place of issue	Date of issue	Number
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Photograph

Attach hereto two copies of a colour passport - sized photograph, full face, showing a true likeness of the Applicant as the Applicant now appears and taken within the last six months.

The photographs must measure 2" x 2", and bear on the back the date on which they were taken, certified by a Justice of the Peace or Notary Public.

4. Applicant's Bank (s)

Name:

Address

Telephone No (s)

5. Applicant's Auditor

Name:

Address:

Telephone No (s).....

6. Applicant's Legal Adviser

Name:

Address:

Telephone No(s).....

SECTION D: HISTORY OF APPLICANT

Tick the appropriate box. If "YES" give particulars.

1. (a) Has the Applicant ever applied for a licence or registration under any Act and been refused?

YES NO

.....

- (b) Has the Applicant ever been licensed or registered under the Securities Act?

YES NO

.....

2. Is the Applicant -

- (a) now, or has the applicant been previously licensed in any capacity in any other country which requires licensing to deal or trade in securities?

YES NO

.....

- (b) licensed in Jamaica or any other country under any legislation which requires licensing to deal with the public in any capacity? (e.g. as an insurance agent, real estate agent, mortgage broker etc).

YES NO

.....

3. Has the Applicant been refused a licence mentioned in paragraph 2 (a) or 2 (b) above, or has such licence been suspended or cancelled?

YES NO

.....

4. Has the Applicant operated under or carried on business under any name other than the name shown in this application?

YES NO

.....

5. Has the Applicant ever -

(a) been the defendant or respondent in any proceedings in any civil court in any jurisdiction in any part of the world in which fraud was alleged?

YES NO

.....

(b) At any time declared bankruptcy or made a **voluntary assignment in bankruptcy**?

YES NO

.....

If YES, in addition to giving particulars, attach a certified copy of Discharge.

.....

SECTION E: FINANCIAL INFORMATION

Attach audited financial statement for a period ending not later than 180 days prior to the date of this application. If Applicant is presently carrying on the activity for which application for a licence is made, attach the Applicant's audited financial statement, which must not be more than 360 days old.

The Applicant must also ensure that a Credit Report is submitted directly to the Commission by the Applicant's bank for consideration with this application.

- 1. List on an attachment the names and addresses of registered, direct and indirect, beneficial owners of each debt obligation and the amount and maturity date of each obligation.
- 2. Has any person or company guaranteed, or undertaken to act as guarantor of, the financial or other obligations of the Applicant ?

() YES () NO

- 3. Has an agreement been executed providing for the deferral of claims against the Applicant by creditors?

() YES () NO

- 4. Is there any person or company whose name is not disclosed above who has any financial interest in the Applicant, either beneficially or otherwise ?

() YES () NO

SECTION F OFFENCES

In responding to the Questions in this Section, the Applicant is required to provide a statement from an Attorney-at-Law indicating if there is any litigation pending or outstanding against the Applicant.

- (i) Have you ever pleaded guilty or been found guilty under any law of Jamaica or any other country of any offence involving dishonesty or relating to trading in securities, commodities, commodity futures contracts or options or the theft thereof or been a party in any proceedings taken on account of fraud arising out of any trade in or advice in respect thereof?

YES NO

.....

- (ii) Have you ever been convicted of any criminal offence not mentioned in paragraph (i)?

YES NO

.....

- (iii) Are you currently the subject of a charge or indictment under any law of Jamaica or any other country for contravention of any law or for any conduct of the type described in paragraphs (i) and (ii)?

YES NO

.....

SECTION G CIVIL PROCEEDINGS

A. Has any claim been successfully made in any civil matter before a court or other tribunal in Jamaica or any other country which was based in whole or in part on fraud, theft, deceit or misrepresentation or similar conduct against

(i) You

YES NO

(ii) any company of which you are or were at the time of the event or at the time that such proceedings were commenced an authorized officer, a director or holder of voting securities carrying more than 5% of the votes carried by all outstanding voting securities?

YES NO

(iii) any partnership of which you were a partner at the time of the event or at the time such proceedings commenced?

YES NO

B. To the best of your knowledge is any such claim pending against you or such company or partnership?

YES NO

SECTION H STATUTORY COMPLIANCE

Have you complied with all requirements for the payments of statutory deductions ?

YES NO

.....
If YES, kindly provide copies of compliance certificates.

SECTION I CONTINGENCY FUND

Does the Applicant have a Contingency Fund in place, which can be used to reimburse depositors in case of default, bankruptcy or suspension of operations?

YES NO

.....
If YES, indicate the amount in the Fund.

Dated thisday of, 20.....

.....
Signature of Applicant

DECLARATION OF APPLICANT

IN THE MATTER OF THE SECURITIES ACT

I, of

..... in the Parish of

MAKE OATH AND SAY :

1. That I am the Applicant (or a partner or officer of the Applicant) herein and have signed the application.
2. That the statements of fact made in this application are true and correct to the best of my knowledge, information and belief.

SWORN before me at)

in the Parish of)

this day of 20.....)

Signature of Applicant

(Date Paid)

)

(Notary Public)

Justice of the Peace or Notary Public

FOR OFFICIAL USE ONLY

- 1) Licensing Period _____
- 2) Date Application received _____
- 3) (a) Number of Attachments _____
(b) " " Representatives _____
(c) " " Branches _____
- 4) Identification Verification _____
- 5) Application Fee paid \$ _____
- 6) Submitted to Commission on _____
- 7) Date Approved / Rejected _____
- 8) **Terms and Conditions of Licensing** _____
(i) _____
(ii) _____
(iii) _____
(iv) _____
- 9) Licensing Fees \$ _____
Date Paid _____
- 10) Certifying Officer _____
Chairman / Executive Director
- 11) **Suspensions or Cancellations**
Action Taken _____
Effective Date _____
Reasons _____

