

JAMAICA

No. 40 – 2013

I assent,

[L.S.]

(sgd) P.-L. Allen
Governor-General.

30th December 2013

AN ACT to Amend the Companies Act to prescribe a single form for business registration; to make consequential amendments to other enactments; and for related matters.

[30th December 2013]

BE IT ENACTED by The Queen's Most Excellent Majesty, by and with the advice and consent of the Senate and House of Representatives of Jamaica, and by the authority of the same, as follows:—

1. This Act may be cited as the Companies (Amendment) Act, 2013, and shall be read and construed as one with the Companies Act (hereinafter referred to as the "principal Act") and all amendments thereto.

Short title and construction.

Amendment of
section 2 of
principal Act.

2. Section 2 of the principal Act is amended by inserting next after subsection (5) the following—

“ (6) Where rules made under section 393(2)(b) require or permit articles of incorporation, forms, returns, notices or other documents to be sent to the Registrar, to be created, stored or communicated electronically, references in this Act to signing shall, in relation thereto, include the use of electronic signatures.”.

Amendment of
section 3 of
principal Act.

3. Section 3 of the principal Act is amended by deleting subsection (1) and substituting therefor the following—

“ (1) One or more persons may form a company by—

(a) signing and sending to the Registrar—

(i) articles of incorporation;

(ii) an application in the form set out as Form BRF 1 in the Sixteenth Schedule; and

Sixteenth
Schedule.

(b) otherwise complying with the requirements of this Act in respect of registration.”.

Repeal and
replacement of
section 13 of
principal Act.

4. Section 13 of the principal Act is repealed and the following substituted therefor—

“ Certificate of incorporation to be conclusive evidence. 13. A certificate of incorporation given by the Registrar in respect of any company shall be conclusive evidence that all the requirements of this Act in respect of registration and of matters precedent and incidental thereto have been complied with, and that the company is authorised to be registered and has been duly registered under this Act.”.

Amendment of
section 106 of
principal Act.

5. Section 106 of the principal Act is amended—

(a) in subsection (1), by inserting next after the word “addressed” the words “and notice thereof shall be

included in the form set out as Form BRF1 in the Sixteenth Schedule”; and

(b) by deleting subsection (2) and substituting therefor the following—

“ (2) Notice of any change in the situation of a registered office, shall be given to the Registrar in the prescribed form within fourteen days of any change in such situation; and the Registrar shall record the change or cause the change to be recorded.

(2A) The inclusion in the annual return of a company of a statement as to the address of its registered office shall not be taken to satisfy the obligation imposed by subsection (2).”.

6. Section 172 (6) of the principal Act is amended by deleting the word “fifteen” and substituting therefor the word “fourteen”. Amendment of section 172 of principal Act.

7. Section 183 of the principal Act is amended by deleting— Amendment of section 183 of principal Act.
(a) paragraph (a) and substituting therefor the following—

“(a) in the case of an individual—

- (i) his Christian name;
- (ii) his surname;
- (iii) his usual address;
- (iv) his nationality, and if that nationality is not the nationality of origin, his nationality of origin;
- (v) his business occupation, if any, or, if he has no business occupation but holds any other directorship or directorships, particulars of that directorship or of some one of those directorships;” and

(b) subsection (3) and substituting therefor the following—

“ (3) A company shall, within fourteen days of any change in the appointment of a director, give notice to the Registrar of the change in the prescribed form.

(3A) The inclusion in the annual return of a company of a statement of the names of a company’s directors shall not be taken to satisfy the duty imposed by subsection (3).”.

Insertion of
new section
351A in
principal Act.

8. The principal Act is amended by inserting next after section 351 the following—

“ Powers of
Registrar *re*
Form BRF 1.
Sixteenth
Schedule.

351A.—(1) Where the Registrar receives an application in the form set out as Form BRF 1 in the Sixteenth Schedule, the Registrar shall—

- (a) use such of the information on the form BRF 1 as is relevant to the functions of the Registrar under the Companies Act or Registration of Business Names Act; and
- (b) transmit the relevant portions of the information to each public body that is by law required to perform the function for which the applicant is applying, as is indicated on the duly completed Form BRF 1.

(2) The delivery to the Registrar of the duly completed Form BRF 1 shall be an application for such of the following as is required by the applicant in the Form—

- (a) a taxpayer registration number under the Revenue Administration Act or any subsidiary legislation made thereunder;

- (b) registration under the General Consumption Tax Act or any subsidiary legislation made thereunder to facilitate the payment of general consumption tax;
- (c) registration under the National Insurance Act;
- (d) registration under the National Housing Trust Act as an employer;
- (e) a tax compliance certificate for a new company under the Revenue Administration Act; and
- (f) such other application as may be made under the Form.

(3) Except as may be required under any other law or as provided for in paragraph (b) of subsection (1), the Registrar shall not disclose the information referred to in that paragraph in any other circumstance.”.

9. Section 393 of the principal Act is amended in subsection (2) by— Amendment of section 393 of principal Act.

(a) re-lettering paragraphs (b) and (c) as paragraphs (c) and (d), respectively; and

(b) inserting next after paragraph (a) the following—

“(b) requiring or permitting articles of incorporation, forms, returns, notices or other documents required to be sent to the Registrar, to be created, stored or communicated electronically;”.

10. The principal Act is amended by inserting next after the Fifteenth Schedule the heading and form set out in the First Schedule to this Act, as the Sixteenth Schedule. Insertion of new Sixteenth Schedule in principal Act.

First Schedule.

Validation and
indemnity.

Second
Schedule.

11.—(1) Notwithstanding anything to the contrary in any other enactment, the making and use, in good faith, of the forms set out as Forms 2 and 17 in the Second Schedule to this Act by the Registrar of Companies, and the collection of the prescribed fees in connection therewith, during the period commencing from the 1st day of February, 2005 and ending on the date of commencement of this Act, without the same having been made or done in the manner required by law, are declared to have been validly, properly and lawfully made and done with the effect as if made and used in accordance with the procedure prescribed by law.

(2) Every person liable to be legally proceeded against on the ground of any illegality in relation to the making and use of the forms set out as Forms 2 and 17 in the Second Schedule to this Act, and the collection of the prescribed fees in connection therewith, which was done in good faith is hereby freed, acquitted, discharged and indemnified against The Queen's Most Excellent Majesty, Her Heirs and Successors as well as against all other persons whatsoever from liability.

Amendment of
enactments.

Third
Schedule.

12. The provisions of the enactments referred to in the first column of the Third Schedule are amended in the manner specified in the second column of the Third Schedule.

FIRST SCHEDULE

(Section 10)

FORM BRF1

SIXTEENTH SCHEDULE

(Sections 3, 106,
183 and 351A)

Business Registration Form

No: BRF1

Application for : New Companies, New Business Names, TRN, NIS, TCC, GCT, HEART/NTA & NHT
Under THE REGISTRATION OF BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT,
COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT

Instructions/Information

Usage: This form should be used by all customers when creating either a new Company, or new Business Name. It is a substitute for the following forms when creating a New Company ONLY:

- + Form 20 - Notice of Appointment of/Change of Company Secretary
- + Form 2 - Declaration of Compliance
- + Form 23 - Notice of Appointment of/Change of Directors
- + Form 17 - Notice of Address of Registered Office or Notice of Change of Registered Office

It also substitutes for the following forms when creating a New Business Name ONLY:

- + BN1 - Application for Registration by Sole Proprietor (Individual)
- + BN2 - Application for Registration by Partnership
- + BN3 - Application for Registration by Corporate Proprietor

Application for TRN, NIS, GCT, TCC, HEART-NTA and NHT will be done automatically for New Companies Only.

Application for TRN, NIS, HEART-NTA and NHT will be done automatically for New Business Name.

The form is broken down as follows:

- + Section A - Business/Company Information (Basic information required to create new company or business names)
- + Section B - Directors/Proprietors Information - Individuals (Data on the individual directors/proprietors for the new entity)
- + Section C - Directors/Proprietors Information - Companies (When a company is a director/proprietor for the new entity)
- + Section D - Particulars of Company Secretary (Applicable only to New Companies and when a director is not the secretary)
- + Section E - GCT Registration (Request for specific data for a successful registration for GCT. Applicable ONLY to New Companies)
- + Section F - Tax Compliance Certificate (Applicable to New Company registration Only)
- + Section G - Declaration (To be signed by the Principal Officer (or Authorized Official) of the new company or business name)
- + Section H - Filed By (To be completed by the person submitting the form at the COJ)
- + Section I - Directors/Proprietors TRN (The TRN for each director/proprietor is required in this section)

General:

- Please PRINT or TYPE the required information. Use blue or black ink pen only
- Tick the appropriate box where required and write in bold capitals in all fields
- Underlined prompts indicate mandatory data entry is required
- When entering telephone numbers the area code is required
- Complete Form 2 if the new Business name or company will have a branch

When creating a New Company:

- One of the following forms must also be submitted with this form:
 - + Form 1A - Articles of Incorporation - Company Limited by Shares
 - + Form 1B - Articles of Incorporation - Company Limited by Guarantee Without a Share Capital
 - + Form 1C - Articles of Incorporation - Company Limited by Guarantee with Share Capital
 - + Form 1D - Articles of Incorporation - Unlimited Company
- Also complete the following sections:
 - + Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H & Section I - where applicable
- Complete Form 2 if Branches will be registered

When creating a New Business Name:

- Please complete the following sections: Section A, Section B, Section C, Section D, Section H & Section I - where applicable
- Complete Form 2 if Branches will be registered

Registration for General Consumption Tax (GCT) - Only Applicable to New Company:

- GCT Registration is determined by a person's business activity. I.e., depending on a person's "Nature of Business". Businesses will be registered as Registered Person and issued with a Notice of Registration. When the business starts to operate if gross sales is above the threshold TAJ is to be informed so that the registration status can be changed to that of Registered Taxpayer. Registered Taxpayers are issued Registration Certificates which authorizes them to collect and account for the tax.

Registration for Tax Compliance Certificate (TCC) - Only Applicable to New Company:

- Tax Compliance Certificate is a document issued to a company as proof that payments of tax liabilities and wage-related statutory deductions are up-to-date. Applying for TCC using this form will only be facilitated for new companies, that is companies registered under the Companies Act. TCC will have a tenure of a maximum of 90 days.

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

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SECTION A - Business/Company Information (General Information for the Companies or Business. This section is mandatory)

1a. Type of Registration/Incorporation <input type="checkbox"/> Company <input type="checkbox"/> Business Name		2a. Commencement Date (Business Name) OR Projected Start Date (Companies) dd/mm/yyyy	
1b. Type of Organisation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other		2b. If Company, indicate classification <input type="checkbox"/> Private <input type="checkbox"/> Public	
3a. Name of Business/Company (Primary)		4a. If Business Name, provide any other Name	
5a. Justification of Primary Name (where applicable) See list on page 11		4b. Justification of Other Name (where applicable) See list on page 11	
3a. If Business Name indicate Type <input type="checkbox"/> Sole Proprietor - Individual <input type="checkbox"/> Sole Proprietor - Company <input type="checkbox"/> Partnership		5b. State the number of branches and complete a Form BRF2 for each Branch (Best Company & Business Name)	
6a. Business Names/Company Registered Address <input type="checkbox"/> Same as Actual Business Location <input type="checkbox"/> Same as Mailing Address		6b. Actual Business Location (if different from number 6a)	
Location: Building/Complex/Apt/Suite Street: Number Name Town/District: City/Town/District Post Office: P. O. Box Parish: Postal Code Country:		Location: Building/Complex/Apt/Suite Street: Number Name Town/District: City/Town/District Post Office: P. O. Box Parish: Postal Code Country:	
6c. Location of Office Records <input type="checkbox"/> Registered Address <input type="checkbox"/> Actual Business Location <input type="checkbox"/> Mailing Address (Also Schedule 2 for Mailing Address)			
7a. Tel		7b. Cell	
7c. Fax			
7d. Email-Address			
8a. Primary Nature		8b. Secondary Nature	
8c. If Business Name, provide nature phrase			
9a. Number of Employees		9b. Expecting Payroll Greater Than \$14,444 per month? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9c. Will there be a single annual return (S02) for all branches? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. If Business Name, complete the following where applicable			
10a. Date First Employee Commenced Employment dd/mm/yyyy		10b. Date Accounting Year Begins mm/yyyy	
10c. Name of Auditing Firm/Accountant			
11. Number of Directors/Proprietors			

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Page 2/3

SECTION B - Directors/Proprietors Information - Individuals <i>(Only on the Independent Director/Proprietor - this section is mandatory)</i>			
<i>(Note: When creating a new company only ONE Director can be named Company Secretary and if so indicated, then Section D should NOT be completed. Otherwise Section D must be filled in. Also if only one director is named, then a different person must be named secretary)</i>			
Principal - Director/Proprietor Only <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Only one Individual or Corporate Director/Proprietor must be indicated. See Page 6)</i>			
12a. Name <input style="width:100%;" type="text"/>			
<small>Last</small>		<small>First</small> <small>Middle</small>	
Job Title/ Occupation <input style="width:100%;" type="text"/>		Present Nationality <input style="width:100%;" type="text"/>	
Tel. <input style="width:50%;" type="text"/> Cell <input style="width:50%;" type="text"/>		Original Nationality <input style="width:100%;" type="text"/>	
18 Years & Over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Location <input style="width:100%;" type="text"/>		<i>(If creating a new company, complete the following fields if applicable)</i>	
<small>Building/Complex/Apt/Suite</small>		is this person also the Company Secretary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street <input style="width:100%;" type="text"/>		<small>Particulars of Any Other Directorship held</small> <small>(Complete only if the director has no other business occupations)</small>	
<small>Number</small> <input style="width:50%;" type="text"/> <small>Name</small> <input style="width:50%;" type="text"/>		Company Name <input style="width:100%;" type="text"/>	
Town/District <input style="width:100%;" type="text"/>		Company Number <input style="width:50%;" type="text"/> Company TRM <input style="width:50%;" type="text"/>	
<small>City/Town/District</small>		Location <input style="width:100%;" type="text"/>	
Post Office <input style="width:50%;" type="text"/> P. O. Box <input style="width:50%;" type="text"/>		<small>Building/Complex/Apt/Suite</small>	
Parish <input style="width:50%;" type="text"/> Postal Code <input style="width:50%;" type="text"/>		Street <input style="width:100%;" type="text"/>	
Country <input style="width:100%;" type="text"/>		<small>Number</small> <input style="width:50%;" type="text"/> <small>Name</small> <input style="width:50%;" type="text"/>	
<small>City/Town/District</small>		Town/District <input style="width:100%;" type="text"/>	
Post Office <input style="width:50%;" type="text"/> P. O. Box <input style="width:50%;" type="text"/>		<small>City/Town/District</small>	
Parish <input style="width:50%;" type="text"/> Postal Code <input style="width:50%;" type="text"/>		Post Office <input style="width:50%;" type="text"/> P. O. Box <input style="width:50%;" type="text"/>	
Country <input style="width:100%;" type="text"/>		Parish <input style="width:50%;" type="text"/> Postal Code <input style="width:50%;" type="text"/>	
Country <input style="width:100%;" type="text"/>		Country <input style="width:100%;" type="text"/>	
<small>To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Names Act, the Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.</small>			
Signature <input style="width:100%; height: 40px;" type="text"/>			
<small>Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words relating to a trade, profession or occupation form part of the business (Example: "Medical", "Engineer/Engineering", "Dentist", "Accountant", "Dancer", etc). See complete list on pages 12 & 13</small>			
Field or Profession <input style="width:100%;" type="text"/>		Entry Date <input style="width:100%;" type="text"/>	
Certifying Body <input style="width:100%;" type="text"/>		Certification # <input style="width:100%;" type="text"/>	
Have you provided the relevant certification as part of your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12b. Name <input style="width:100%;" type="text"/>			
<small>Last</small>		<small>First</small> <small>Middle</small>	
Job Title/ Occupation <input style="width:100%;" type="text"/>		Present Nationality <input style="width:100%;" type="text"/>	
Tel. <input style="width:50%;" type="text"/> Cell <input style="width:50%;" type="text"/>		Original Nationality <input style="width:100%;" type="text"/>	
18 Years & Over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	

<p>Location <input style="width: 90%;" type="text"/> <i>Building/Complex/Apt/Suite</i></p> <p>Street <input style="width: 90%;" type="text"/> <small>Number Name</small></p> <p>Town/District <input style="width: 90%;" type="text"/> <i>City/Town/District</i></p> <p>Post Office <input style="width: 80%;" type="text"/> P. O. Box <input style="width: 10%;" type="text"/></p> <p>Parish <input style="width: 80%;" type="text"/> Postal Code <input style="width: 10%;" type="text"/></p> <p>Country <input style="width: 90%;" type="text"/></p> <p><small>To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Names Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.</small></p> <p>Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>	<p><i>(If creating a new company, complete the following fields if applicable)</i></p> <p>Is this person also the Company Secretary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Particulars of Any Other Directorship held <small>(Complete only if the director has no other business occupation)</small></p> <p>Company Name <input style="width: 90%;" type="text"/></p> <p>Company Number <input style="width: 20%;" type="text"/> Company TRN <input style="width: 20%;" type="text"/></p> <p>Location <input style="width: 90%;" type="text"/> <i>Building/Complex/Apt/Suite</i></p> <p>Street <input style="width: 90%;" type="text"/> <small>Number Name</small></p> <p>Town/District <input style="width: 90%;" type="text"/> <i>City/Town/District</i></p> <p>Post Office <input style="width: 80%;" type="text"/> P. O. Box <input style="width: 10%;" type="text"/></p> <p>Parish <input style="width: 80%;" type="text"/> Postal Code <input style="width: 10%;" type="text"/></p> <p>Country <input style="width: 90%;" type="text"/></p>
<p><small>Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Examples: "Medical", "Engineer/Engineering", "Doctor", "Accounting", "Dancer", etc). See complete list on pages 12 & 13</small></p> <p>Field or Profession <input style="width: 60%;" type="text"/> Entry Date <input style="width: 20%;" type="text"/></p> <p>Certifying Body <input style="width: 60%;" type="text"/> Certification # <input style="width: 20%;" type="text"/></p> <p>Have you provided the relevant certification as part of your application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12c. Name <input style="width: 90%;" type="text"/></p> <p>Job Title/Occupation <input style="width: 90%;" type="text"/> Present Nationality <input style="width: 20%;" type="text"/> <small>See page 10 for more details regarding other supporting documentation</small></p> <p>Tel. <input style="width: 20%;" type="text"/> Cell <input style="width: 20%;" type="text"/> Original Nationality <input style="width: 20%;" type="text"/> <small>(if different from present nationality)</small></p> <p>18 Years & Over? <input type="checkbox"/> Yes <input type="checkbox"/> No Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	
<p>Location <input style="width: 90%;" type="text"/> <i>Building/Complex/Apt/Suite</i></p> <p>Street <input style="width: 90%;" type="text"/> <small>Number Name</small></p> <p>Town/District <input style="width: 90%;" type="text"/> <i>City/Town/District</i></p> <p>Post Office <input style="width: 80%;" type="text"/> P. O. Box <input style="width: 10%;" type="text"/></p> <p>Parish <input style="width: 80%;" type="text"/> Postal Code <input style="width: 10%;" type="text"/></p> <p>Country <input style="width: 90%;" type="text"/></p>	<p><i>(If creating a new company, complete the following fields if applicable)</i></p> <p>Is this person also the Company Secretary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Particulars of Any Other Directorship held <small>(Complete only if the director has no other business occupation)</small></p> <p>Company Name <input style="width: 90%;" type="text"/></p> <p>Company Number <input style="width: 20%;" type="text"/> Company TRN <input style="width: 20%;" type="text"/></p> <p>Location <input style="width: 90%;" type="text"/> <i>Building/Complex/Apt/Suite</i></p>

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

Street: [] []
 Number: [] Name: []
 Town/District: []
 City/Town/District: []
 Post Office: [] P. O. Box: []
 Parish: [] Postal Code: []
 Country: []

Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Examples: "Medical", "Engineer/Engineering", "Theatre", "Accounting", "Dancer", etc). See complete list on pages 12 & 13

Field or Profession: [] Entry Date: []
 dd/mm/yyyy
 Certifying Body: [] Certification #: []

Have you provided the relevant certification as part of your application? Yes No

12d. Name [] [] []
 Last First Middle

TRN/ Occupation: [] Present Nationality: [] *See page 20 for more details regarding other supporting documentation*
 Tel: [] Cell: [] Original Nationality: []
 (If different from present nationality)

18 Years & Over? Yes No Sex Female Male

Location: []
 Building/Complex/Apt/Suite

Street: [] []
 Number Name

Town/District: []
 City/Town/District

Post Office: [] P. O. Box: []
 Parish: [] Postal Code: []
 Country: []

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

Street: [] []
 Number Name

Town/District: []
 City/Town/District

Post Office: [] P. O. Box: []
 Parish: [] Postal Code: []
 Country: []

(If creating a new company, complete the following fields if applicable)
 Is this person also the Company Secretary? Yes No
 Particulars of Any Other Directorship held *(Complete only if the director has no other business occupation)*

Company Name: []
 Company Number: [] Company TRN: []
 Location: []
 Building/Complex/Apt/Suite

Street: [] []
 Number Name

Town/District: []
 City/Town/District

Post Office: [] P. O. Box: []
 Parish: [] Postal Code: []
 Country: []

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Page 3/13

Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Examples: "Medical", "Engineer/Engineering", "Optician", "Accounting", "Dancer", etc). See complete list on pages 12 & 13

Field or Profession: Entry Date:

Certificate Body: Certification #:

Have you provided the relevant certification as part of your application? Yes No

To add more directors/proprietors, fill in Schedule 1 and attach it to the back of this form Is Schedule Attached? Yes No

SECTION C - Directors/Proprietors Information - Companies Act, 2013 (Applicable ONLY if there is a Corporate Director/Proprietor)

Principal - Director/Proprietor Only Yes No *(Only one individual or Corporate Director/Proprietor must be indicated. See Page 2)*

12a. Company Name:

Company Number: Company TIN: Date Incorporated: Classification: Private of Company Public

Location: Building/Complex/Fac/Suite: Tel1: Tel2:

Street: Number: Name: Fax:

Town/District: City/Town/District:

Post Office: P. O. Box:

Parish: Postal Code:

Country:

(Company Seal Should be Affixed if Required by The Company's Articles/Constitution)

Two Officers are required to sign on behalf of the company (if Required by The Company's Articles/Constitution)

Name(1) Last: First: Middle:

Capacity: Director Secretary Authorized Official

Signature:

Date Signed:

Two Officers are required to sign on behalf of the company (if Required by The Company's Articles/Constitution)

Name(2) Last: First: Middle:

Capacity: Director Secretary Authorized Official

Signature:

Date Signed:

12b. Company Name:

Company Number: Company TIN: Date Incorporated: Classification: Private of Company Public

Location: Building/Complex/Fac/Suite: Tel1: Tel2:

Street: Number: Name: Fax:

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Page 62.5

Town/District: <input type="text"/> City/Town/District: <input type="text"/> Post Office: <input type="text"/> P. O. Box: <input type="text"/> Parish: <input type="text"/> Postal Code: <input type="text"/> Country: <input type="text"/>	(Company Seal should be Affixed if Required by The Company's Articles/Constitution)
Two Officers are required to sign on behalf of the company (If Required by The Company's Articles/Constitution) Name(1): Last: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/> Capacity: <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorized Official Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Date Signed: <input type="text"/>	Two Officers are required to sign on behalf of the company (If Required by The Company's Articles/Constitution) Name(2): Last: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/> Capacity: <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorized Official Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Date Signed: <input type="text"/>
To add more company directors/proprietors, fill in Schedule 2 and attach it to the back of this form. Is Schedule Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION D - Particulars of Company Secretary	
Type of Secretary: <input type="checkbox"/> Individual <input type="checkbox"/> Company	
J.S. Name: Last: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/>	
Job Title/Occupation: <input type="text"/>	
Tel: <input type="text"/> Cell: <input type="text"/> Nationality: <input type="text"/>	
Company Name: <input type="text"/>	
Individual Address Location: <input type="text"/> Building/Complex/Apt/Suite: <input type="text"/> Street: <input type="text"/> <small>Number Name</small> Town/District: <input type="text"/> <small>City/Town/District</small> Post Office: <input type="text"/> P. O. Box: <input type="text"/> Parish: <input type="text"/> Postal Code: <input type="text"/> Country: <input type="text"/>	Company's Registered Address Location: <input type="text"/> Building/Complex/Apt/Suite: <input type="text"/> Street: <input type="text"/> <small>Number Name</small> Town/District: <input type="text"/> <small>City/Town/District</small> Post Office: <input type="text"/> P. O. Box: <input type="text"/> Parish: <input type="text"/> Postal Code: <input type="text"/> Country: <input type="text"/>
PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Page 7/15	

SECTION E - GCT REGISTRATION		<i>(Applying for GCT is ONLY applicable for New Companies)</i>	
15. Applying For GCT <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, slip to SECTION F)</i>			
16. Gross Income/Sales <i>(As Projected Before Expenses)</i>		17. Projected Start Date of Taxable Activities	
GCT: <input type="text"/> Monthly <input type="text"/> Annual		GCT: <input type="text"/> dd/mm/yyyy	
18. GCT Taxable Activities			
Primary Activity: <input type="text"/>		Secondary Activity: <input type="text"/>	
19. Would you like an officer from the Tax Department to contact you in order to explain your obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. If you have more than one place of business, state the number of GCT Certificates required: <input type="text"/>	
21. Are your accounts computerised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly			
SECTION TAX COMPLIANCE CERTIFICATE		<i>(Applying for GCT is ONLY applicable for New Companies)</i>	
22. Applying For TOCT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If No, slip to SECTION G)</i>			
23. Certificate is required for (Select one):		24. Vessel: <input type="text"/>	
<input type="checkbox"/> Custom Clearance <i>(Please complete Bate 24-26)</i> <input type="checkbox"/> Contracts Only <input type="checkbox"/> Multi-Purpose <input type="checkbox"/> Other (Specify): <input type="text"/>		25. Date Reported: <input type="text"/> dd/mm/yyyy	
		26. Document Type: <input type="checkbox"/> Airway Bill <input type="checkbox"/> Bill of Light <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Detention Notice <input type="checkbox"/> Wharf Order	
		27. Document Number: <input type="text"/>	
		28. Description of Goods: <input type="text"/>	
SECTION G - DECLARATION			
29. To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.			
Name: <input type="text"/> First <input type="text"/> Last		Signature: <input type="text"/>	
Position: <input type="text"/> <small><i>(State whether Proprietor, Partner, Director, Manager, Secretary, Officer-holder in Club, Association, etc.)</i></small>		Date: <input type="text"/> dd/mm/yyyy	
ID Type: <input type="text"/> <small><i>(Please use Document ID in Section I on Page 9)</i></small>			
Email Address: <input type="text"/>			
PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Page 2/18			

SECTION H - FILED BY <small>(Please indicate who will be submitting this document on behalf of the Company or Business Request)</small>		
SO Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<small>Last</small>	<small>First</small>
Company Name	<input style="width: 100%;" type="text"/>	
Email Address	<input style="width: 100%;" type="text"/>	
Location	<input style="width: 100%;" type="text"/>	Tel. <input style="width: 50%;" type="text"/> Cell <input style="width: 50%;" type="text"/>
	<small>Building/Company/PO/State</small>	
Street	<input style="width: 100%;" type="text"/>	Fax <input style="width: 50%;" type="text"/>
	<small>Number Name</small>	
Town/District	<input style="width: 100%;" type="text"/>	
	<small>City/Town/District</small>	
Post Office	<input style="width: 100%;" type="text"/>	P. O. Box <input style="width: 50%;" type="text"/>
Parish	<input style="width: 100%;" type="text"/>	P/Code <input style="width: 50%;" type="text"/>
Country	<input style="width: 100%;" type="text"/>	
SECTION I - DIRECTORS/PROPRIETORS/SECRETARY <small>(Please enter the names entered in this section within limit for maximum 6, if 3)</small>		
S1 Name (Directors/Proprietors)	Taxpayer Registration Number	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Name (Company Secretary if Applicable)	Taxpayer Registration Number	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Declarant ID	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Driver's License <input type="checkbox"/> National Voter's ID <input type="checkbox"/> Passport	ID Number: <input style="width: 50%;" type="text"/>	
FOR OFFICIAL USE ONLY		
Customer Service Officer's Name	Date	Remarks
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<div style="border: 1px solid black; height: 100px;"></div>
Customer Service Officer's Signature	dd/mm/yyyy	
<input style="width: 100%;" type="text"/>		
Nearest Collectorate to Business Name/Company (See List at the back)		
<input style="width: 100%;" type="text"/>		

Data Sheet	
List of the Offices	Requirement: Nationality
Clarendon - Chapelton - Loyal Town - May Pen	† Where owners are not of Jamaican/Caribbean nationality. The original /certified copy of the valid work permit is required.
Hanover - Lucea	
Kingston - Kingston	
Manchester - Christians - Mandeville	‡ Where owners have become nationals by naturalization or marriage. The original/certified copy of the naturalization documents or marriage certificate is required.
Portland - Bell Bay - Port Antonio	
St. Andrew - Constant Spring - Cross Roads	† Where an individual's name has been changed by either marriage or a deed poll a certified copy of this document must be attached.
St Ann - Brown's Town - Manaqueen - St. Ann's Bay	
St. Catherine - Linwood - Old Harbour - Spanish Town - Portmore	
St. Elizabeth - Santa Cruz - Black River	
St. James - Montego Bay	
St. Mary - Annotto Bay - Port Maria	
St. Thomas - Mount Bay - Port Morant	
Trelawny - Falmouth - Jackson Town	
Westmoreland - Seaford - Seaview-to-Mor	

JUSTIFICATION WORDS AND RESPONSIBLE TABLE

• The use of certain words, in the proposed name of a company/business shall be justified to the Registrar's satisfaction prior to registration where-

- The use of the word suggests a connection with the Crown or members of a royal family or suggests royal patronage, for example "Royal", "King", "Princess", "Prince", or "Queen";
- The name suggests a connection with a Government department, statutory undertaking, local authority, or with any Commonwealth or foreign Government;

Words used in Name	Justification Reasons
1. Global	a) Conducting business globally
2. Group	a) Part of the group of companies
3. Holding(s)	a) The company will be holding shares in other companies b) The company will own other companies
4. "National"	b) Affiliated with other National entities
5. International	a) Will be trading internationally b) Serving clients locally and overseas
6. Caribbean	a) Operating within the Caribbean b) Trading with the Caribbean
7. CARICOM	a) Trading with CARICOM countries
8. Worldwide	a) Trading worldwide b) Conducting business worldwide c) Buying goods worldwide/internally
9. "King", "Princess", "Prince", "Queen" or "Crown", "Royal",	a) It is a surname; it is my address. b) Divine Ordinance
10. Crown	a) Only Crown is allowed. No justification required if "r" is at the end
11. "Royal",	a) Only Royals is allowed. No justification required if "r" is at the end
12. Nationality Name contains Nationality for example "British" or "American" etc.	a) Will be trading goods from this country or will be trading with this country. b) Will be affiliated with this country
13. A Parish in the name	a) I live in this parish b) I was born in this parish c) Business Operating in the parish
14. A Personal name	a) This is a family name. b) my mother's name, father's name, my name. c) If not 'a family name' then permission is needed. Submit permission.
15. "Standard" anywhere to included in a proposed company name unless the Director has given his consent pursuant to section 13 of the Standards Act	a) Submit permission
16. "Blue Mountains" anywhere to be used when the Coffee Industry Board has its consent pursuant to the Coffee Industry Regulation Act	a) Submit permission

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Page 11/13

CERTIFICATION TABLE - PART 1 OF 2

* When entering a nature/the business activity, where the use of these words in the nature makes reference to these professions/occupations certification is required.
 * The nature must be for profit making, cannot be a charity.
 * This requires the production of certification from the relevant professional or regulatory body upon submission for registration.

THE USE OF THESE WORDS IN THE NATURE OR NAME OF BUSINESS MAKING REFERENCE TO THESE PROFESSIONS/OCCUPATIONS REQUIRES CERTIFICATION	PROFESSIONAL/REGULATORY BODY	CERTIFICATION	Production of Name Required	Certification Required Per Company
ACCOUNTANT(PUBLIC)	PUBLIC ACCOUNTANCY BOARD	None	NO	ALL
ACCOUNTANT(Chartered)	CAJ	PRACTISING CERTIFICATE	NO	ALL
ACTUARY	ACTUARIES REGISTRATION BOARD	CERTIFICATE OF REGISTRATION	NO	ALL
Legal Law	GENERAL LEGAL COUNCIL	PRACTISING CERTIFICATE	NO	ALL
ATTORNEY-AT-LAW	GENERAL LEGAL COUNCIL	PRACTISING CERTIFICATE	NO	ALL
BARBER	LOCAL BOARD OF HEALTH for respective Parish Council	LICENCE	NO	ALL
BAR	BAR OF JAMAICA	LICENCE	NO	ONLY 1
BEAUTY THERAPIST/COSMETOLOGIST/HAIR DESIGNER	LOCAL BOARD OF HEALTH for respective Parish Council	LICENCE	NO	ALL
TRADE IN SECOND HAND GOLD CASE FOR GOLD	HERSHEY MARRIOTT'S COURT	LICENCE	NO	ALL
CREDIT BUREAU	Bar of Jamaica	LICENCE	NO	ONLY 1
CUSTOM BROKER	CUSTOM BROKERS ASSOCIATION	LICENCE	NO	ALL
DENTIST	DENTAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
DIETICIAN	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	PRACTISING CERTIFICATE	NO	ALL
ELECTRICAL INSTALLATION	BOARD OF ELECTRICIANS	LICENCE	NO	ALL
Engineering	PROFESSIONAL ENGINEERS REGISTRATION BOARD	PRACTISING CERTIFICATE	YES	ALL
ENGINEER	PROFESSIONAL ENGINEERS REGISTRATION BOARD	PRACTISING CERTIFICATE	YES	ALL
LAND SURVEYOR	LAND SURVEYORS BOARD	PRACTISING CERTIFICATE	NO	ALL
LOTTERY AGENTS	BETTING, GAMING AND LOTTERIES COMMISSION	LICENCE	NO	ONLY 1
Medical	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
MEDICAL PRACTITIONER	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
MEDICAL LABORATORY TECHNICIAN	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	PRACTISING CERTIFICATE	NO	ALL

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM Page 12/13

+ When selecting a nature/the business activity, where the use of those words in the nature makes reference to those professions/occupations certification is required.
 + The nature must be for profit making, cannot be a charity.
 + This requires the production of certification from the relevant professional or regulatory body upon submission for registration.

THE USE OF THESE WORDS IN THE NATURE OR NAME OF BUSINESS MAKING REFERENCE TO THESE PROFESSIONS/OCCUPATIONS REQUIRES CERTIFICATION	PROFESSIONAL/REGULATORY BODY	CERTIFICATION	Certification of Name Required	Certification Required For
NURSE/MID-WIFE	NURSING COUNCIL	CERTIFICATE OF REGISTRATION	NO	ALL
OCCUPATIONAL THERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
OPHTHALMOLOGIST	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
OFFICIAN/PODMETRY PROFESSIONAL	REGISTER GENERAL'S DEPARTMENT	LETTER FROM COUNCIL ENDORSING REGISTRATION / OR COPY OF MOST RECENT GAZETTE SHOWING REGISTRATION	NO	ALL
PEST CONTROL	PESTICIDE CONTROL AUTHORITY	CERTIFICATE OF REGISTRATION	NO	ALL
PHARMACY	PHARMACY COUNCIL OF JAMAICA	No Objection Letter	NO	ONLY 1
PHARMACIST	PHARMACY COUNCIL OF JAMAICA	CERTIFICATE OF REGISTRATION/ PRACTISING CERTIFICATE	NO	ONLY 1
PHYSIOTHERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
PROPERTY DEVELOPER (for specific projects)	REAL ESTATE BOARD	LICENCE	NO	ALL
PROPERTY MANAGEMENT	REAL ESTATE BOARD	LICENCE	NO	ALL
RADIOGRAPHERS	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
REAL ESTATE DEALERS/REAL ESTATE SALESMAN	REAL ESTATE BOARD	LICENCE	NO	ALL
RETIREMENT HOMES	MINISTRY OF HEALTH	LETTER FROM MOH	NO	ONLY 1
SCHOOLS; DAY CARE CENTRES; NURSERIES	MINISTRY OF EDUCATION	LETTER FROM MOE	NO	ONLY 1
SPEECH THERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
VETERINARY SURGEON	VETERINARY COUNCIL OF JAMAICA	CERTIFICATE OF REGISTRATION	NO	ALL

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Business Registration Form		Schedule 1
Application for : New Companies, New Business Names, TRN, NIS, TCC, GCT & SCT, HEART/NTA & NHT Under THE REGISTRATION BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT, COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT		
Users: <ul style="list-style-type: none"> • This schedule should only be used once Section B on the Form BRL is fully utilized • One schedule for each added director/proprietor 		
Director/Proprietor Information - Individuals		
12. Name <input style="width: 100%;" type="text"/>		
<small>Last First Middle</small>		
Title/ Occupation <input style="width: 100%;" type="text"/>		
18 Years & Over? <input type="checkbox"/> Yes <input type="checkbox"/> No Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
Present Nationality <input style="width: 100%;" type="text"/>		
Original Nationality <input style="width: 100%;" type="text"/>		
<small>(if different from present nationality)</small>		
Tel. <input style="width: 100%;" type="text"/> Cell <input style="width: 100%;" type="text"/>		
Location <input style="width: 100%;" type="text"/>		
<small>Building/Complex/Apt/Suite</small>		
Street <input style="width: 100%;" type="text"/>		
<small>Number Name</small>		
Town/District <input style="width: 100%;" type="text"/>		
<small>City/Town/District</small>		
Post Office <input style="width: 100%;" type="text"/> P. O. Box <input style="width: 100%;" type="text"/>		
Parish <input style="width: 100%;" type="text"/> Postal Code <input style="width: 100%;" type="text"/>		
Country <input style="width: 100%;" type="text"/>		
To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Names Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business names and incorporation of a company have been complied with.		
Signature <input style="width: 100%; height: 40px;" type="text"/>		
(If creating a new company, complete the following fields if applicable)		
Is this person also the Company Secretary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Particulars of Any Other Directorship held <input style="width: 100%;" type="text"/>		
<small>(Complete only if the director has no other business occupations)</small>		
Company Name <input style="width: 100%;" type="text"/>		
Company Number <input style="width: 100%;" type="text"/> Company TRN <input style="width: 100%;" type="text"/>		
Location <input style="width: 100%;" type="text"/>		
<small>Building/Complex/Apt/Suite</small>		
Street <input style="width: 100%;" type="text"/>		
<small>Number Name</small>		
Town/District <input style="width: 100%;" type="text"/>		
<small>City/Town/District</small>		
Post Office <input style="width: 100%;" type="text"/> P. O. Box <input style="width: 100%;" type="text"/>		
Parish <input style="width: 100%;" type="text"/> Postal Code <input style="width: 100%;" type="text"/>		
Country <input style="width: 100%;" type="text"/>		
<small>Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or occupation form part of the business (Examples: "Builder", "Engineer/Engineering", "Physio", "Accounting", "Dental", etc). See complete list on pages 12 & 13</small>		
Field or Profession <input style="width: 100%;" type="text"/> Entry Date <input style="width: 100%;" type="text"/>		
<small>dd/mm/yyyy</small>		
Certifying Body <input style="width: 100%;" type="text"/> Certification # <input style="width: 100%;" type="text"/>		
Have you provided the relevant certification as part of your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Registration Form		Schedule 2
Application for : New Companies, New Business Names, TRN, MS, TCC, OCT & SCT, HEART/NTA & NHT Under THE REGISTRATION BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT, COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT		
Usage: <ul style="list-style-type: none"> • This schedule should only be used once Section C on the Form BRL is fully utilized • One schedule for each added company director/proprietor 		
13. Company Name		
Company Number	Company TRN	Date Incorporated
Location	Building/Complex/ Apt/ Suite	Tel1
Street Number	Street Name	Tel2
Town/District	City/Town/District	Post Office
Parish	Postal Code	P. O. Box
Country		
(Company Seal Should be Affixed if Required By The Company's Articles/Constitution)		
Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution)		Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution)
Name(1) Last: _____ First: _____ Middle: _____		Name(2) Last: _____ First: _____ Middle: _____
Capacity: <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorized Official		Capacity: <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorized Official
Signature: _____ Date: _____ Signed: _____		Signature: _____ Date: _____ Signed: _____

Business Registration Form		Schedule 2
Application for: New Companies, New Business Names, TRN, NIS, YCC, GCT & SCT, HEART/NIA & NHT Under THE REGISTRATION BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT, COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT		
Usage: • This schedule should only be used once a mailing address is required under Section A on Form BR1.		
Location	<input type="text"/>	
	<small>Building/Complex/Apt./Suite</small>	
Street	<input type="text"/>	<input type="text"/>
	<small>Number</small>	<small>Name</small>
Town/District	<input type="text"/>	
	<small>City/Town/District</small>	
Post Office	<input type="text"/>	P. O. Box <input type="text"/>
Parish	<input type="text"/>	Postal Code <input type="text"/>
Country	<input type="text"/>	

Shahid A

Business Registration Form - Branch Information

New Business Names & Companies

Application for : New Companies, New Business Names, TRN, NS, TCC, GCT & SCT, HEART/NTA & NHT
Under THE REGISTRATION BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT,
COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT

INSTRUCTIONS: This form is to be submitted with a Form 1 and Form 5r on the Form 8B2 was completed. Please F999 or 1992 the required information. Use blue or black ball pen only. Tick appropriate box where required. Underline parenthesis indicates mandatory data entry is required

1. Business Name/Company Name (Should be the same name entered on the Form 8B2)

2a. Branch Name

2b. Justification of Branch Name (where applicable) (This field is only applicable to Business Names registration only)

(Nature of the Branch for New Business Names Only)

2c. Primary Nature _____ **2d. Secondary Nature** _____

2e. Will this branch be filing a different annual return (SO2) from the parent Company/Business Name? Yes No

3a. Tel _____ **3b. Cell** _____ **3c. Fax** _____

3d. Email-Address _____

4a. Branch Address	4b. Branch Mailing Address (If different from 4a)
Location _____ <small>Building/Complex/Fly/Suite</small> Street _____ <small>Number Name</small> Town/District _____ <small>City/Town/District</small> Post Office _____ P. O. Box _____ Parish _____ Postal Code _____ Country _____	Location _____ <small>Building/Complex/Fly/Suite</small> Street _____ <small>Number Name</small> Town/District _____ <small>City/Town/District</small> Post Office _____ P. O. Box _____ Parish _____ Postal Code _____ Country _____

5. I declare that the information given in this form is to the best of my knowledge and belief a true and correct statement.

Name _____ Position _____	Signature _____ Date _____ <small>dd/mm/yyyy</small>
------------------------------	--

(State whether Proprietor, Partner, Director, Manager, Secretary, Officer-holder in Club, Association, etc)

SECOND SCHEDULE

(Section 11)

FORM 2
INSTRUCTIONS ON REVERSE



JAMAICA
THE COMPANIES ACT
DECLARATION OF COMPLIANCE
(Pursuant to section 13 (2))

1. NAME OF COMPANY

[Empty box for Name of Company]

1A. COMPANY FAX NUMBER

[Empty box for Company Fax Number]

1B. TYPE OF COMPANY:

PRIVATE

PUBLIC

2.

I,

(PRINT NAME)

(STATE FULL RESIDENTIAL / BUSINESS ADDRESS)

do solemnly and sincerely declare as follows:

3.

I am an Attorney-at-Law of the Supreme Court of Jamaica engaged in the formation of the company named herein;

I am a person named in the Articles of Incorporation as a director or secretary of the company named herein or

I am a member of the Institute of Chartered Secretaries & Administrators engaged in the formation of the company named herein.

(INDICATE CAPACITY)

To the best of my knowledge and belief, all the requirements of the Companies Act, in respect of matters precedent to the formation and incorporation of a company have been complied with and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Voluntary Declarations Act.

TAKEN AND ACKNOWLEDGED by)
the said)
at)
in the parish of) _____
this day of)
Before me:)

JUSTICE OF THE PEACE
for the parish of:

NOTARY PUBLIC

COMMISSIONER OF GATES

(INDICATE CAPACITY)

6. FILED BY:

NAME:			
ADDRESS:	STREET		
	TOWN		
	POST OFFICE		
	PINCODE		
E-MAIL ADDRESS:			
CONTACT NUMBER:			
FAX NUMBER:			

7. TAXPAYER REGISTRATION NUMBER OF PERSON MAKING THE DECLARATION

TAXPAYER REGISTRATION NUMBER (TRN)	
---	--

"FOR OFFICIAL USE ONLY"	
COMPANY NUMBER: _____	
FILED:	_____/_____/_____ DAY MONTH YEAR

FORM 17
INSTRUCTIONS ON THE REVERSE



JAMAICA

THE COMPANIES ACT

NOTICE OF ADDRESS OF REGISTERED OFFICE
OR
NOTICE OF CHANGE OF ADDRESS OF REGISTERED OFFICE
(Pursuant to section 106)

1. NAME OF COMPANY	<input type="text"/>		
1A. COMPANY NUMBER	<input type="text"/>	1B. COMPANY TAXPAYER REGISTRATION NUMBER	<input type="text"/>
1C. COMPANY FAX NUMBER	<input type="text"/>	1D. TYPE OF COMPANY:	
		PRIVATE	<input type="checkbox"/>
		PUBLIC	<input type="checkbox"/>

2. LOCATION OF REGISTERED OFFICE

STREET	<input type="text"/>
TOWN	<input type="text"/>
POST OFFICE	<input type="text"/>
PARISH	<input type="text"/>

2A. MAILING ADDRESS

STREET	<input type="text"/>
TOWN	<input type="text"/>
POST OFFICE	<input type="text"/>
PARISH	<input type="text"/>

3. EFFECTIVE DATE OF CHANGE (if applicable)

<input type="text"/>

4. PREVIOUS ADDRESS OF REGISTERED OFFICE (if applicable)

STREET	
TOWN	
POST OFFICE	
PAREN	

5.

DATE	PRINTED NAME	SIGNATURE	CONTACT #						
CAPACITY: <table style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/></td> <td>DIRECTOR</td> </tr> <tr> <td><input type="checkbox"/></td> <td>SECRETARY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>AUTHORIZED OFFICIAL</td> </tr> </table>				<input type="checkbox"/>	DIRECTOR	<input type="checkbox"/>	SECRETARY	<input type="checkbox"/>	AUTHORIZED OFFICIAL
<input type="checkbox"/>	DIRECTOR								
<input type="checkbox"/>	SECRETARY								
<input type="checkbox"/>	AUTHORIZED OFFICIAL								

C. FILED BY:

NAME:			
ADDRESS:	STREET		
	TOWN		
	POST OFFICE		
	PINCODE		
E-MAIL ADDRESS:			
CONTACT NUMBER:			
FAX NUMBER:			

"FOR OFFICIAL USE ONLY"	
COMPANY NUMBER:	_____
FILED:	_____/_____/_____ DAY MONTH YEAR

JAMAICA

**THE COMPANIES ACT
NOTICE OF ADDRESS OF REGISTERED OFFICE OR
NOTICE OF CHANGE OF ADDRESS OF REGISTERED OFFICE**

FORM 17

INSTRUCTIONS

GENERAL

This document is required to be filed with the Office of the Registrar of Companies and must conform to the requirement under the Act. Where any provision required to be set out is too long for the space provided in the form, the form may incorporate the provisions by annexing a schedule in such manner as may be prescribed under the Act.

Complete Items 1, 1C, 1D, 2, 5 and 6 for new companies.

Complete Items 1 – 6 for changes in the address of the registered office of existing companies.

ITEM 1, 1A, 1B, 1C & 1D

- Set out the full legal name of the company.
- Set out Company number assigned by the Registrar of Companies if it is a change of registered office.
- Set out Company Taxpayer Registration Number if it is a change of the registered office. (The Company Taxpayer Registration Number will be photocopied by the Registrar of Companies and returned. Individuals may, instead of bringing the Taxpayer Registration Card into the Office of the Registrar of Companies, provide a certified copy of the same). An Attorney-at-Law, a Justice of the Peace, or a Notary Public may certify the copy of the Taxpayer Registration Number. Where the copy is certified by a Justice of the Peace or a Notary Public they must affix the relevant seal of their office.
- Set out, where applicable the company fax number.
- Indicate whether the company is a private or a public company.

NOTE: Once certified copies of the Taxpayer Registration Number have been supplied to the Registrar of Companies or the Registrar of Companies has seen the original Taxpayer Registration Card and made a copy of the same the company need only affix the number to any documents being subsequently filed.

ITEM 2 & 2A

- (i) Set out in full the location at which the registered office is situated or to which it has been changed, including the name of the street, and if located in a multi-office building, the relevant room number. The registered office must be an actual physical location and might include the relevant district and parish. However it cannot be a post office box. Upon any change in the location of the registered office a new notice will have to be filed.
- (ii) The mailing address may include a post office box number, if the mailing address is same as the registered office, state 'SAME AS ABOVE AT ITEM 2'

ITEM 3

State the date when the change of registered office is to take effect.

ITEM 4

Set out the previous address of the registered office, where applicable.

- **NOTE THE INSTRUCTIONS SET OUT AT ITEM 2 (i) ABOVE.**

ITEM 5

- **FOR NEW COMPANIES**

If this form is filed with Articles of Incorporation in the prescribed form, the director or secretary named in the Articles of Incorporation, the attorney-at-law or chartered secretary and administrator engaged in the formation of the company shall sign the notice.

THIRD SCHEDULE

(Section 12)

Amendment of Enactments

<i>Provision</i>	<i>Amendment</i>
Companies Act.	
Companies (Forms) Rules, 2005.	Insert in the Schedule in the appropriate numerical sequence as Form 17 the form set out as Form 17 in the Second Schedule to the Companies (Amendment) Act, 2013.
General Consumption Tax Act.	
New section 28A.	Insert next after section 28 the following—
	<p>“ Requirement to submit information. 28A. With effect from the date of commencement of the Companies (Amendment) Act, 2013, any person applying to register a company under the Companies Act or a business name under the Registration of Business Names Act shall, if the company will be or the person is required to register as a taxpayer under this Act (and, in the case of a person applying for registration of a business name, if the person is not already registered as a taxpayer under this Act), complete and submit to the Registrar of Companies the appropriate section of the form set out as Form BRF 1 in the Sixteenth Schedule to the Companies Act.”.</p>
National Housing Trust Act.	
New section 12A.	Insert next after section 12 the following—
	<p>“ Requirement to submit information regarding employees. 12A. With effect from the date of commencement of the Companies (Amendment) Act,</p>

*Provision**Amendment*

2013, any person applying to register a company under the Companies Act or a business name under the Registration of Business Names Act shall, if the company will be or the person is required to be registered with the Trust as an employer (and, in the case of a person applying for registration of a business name, if the person is not already registered with the Trust as an employer), complete and submit to the Registrar of Companies the appropriate section of the form set out as Form BRF 1 in the Sixteenth Schedule to the Companies Act.”.

National Insurance Act.

New section 6A.

Insert next after section 6 the following—

“ Requirement to register employees.

6A. With effect from the date of commencement of the Companies (Amendment) Act, 2013, any person applying to register a company under the Companies Act or a business name under the Registration of Business Names Act shall if it is intended for the company or person to employ one or more persons (and, in the case of a person applying for registration of a business name, if the person is not already registered as an employer under this Act), complete and submit to the Registrar of Companies the appropriate section of the form set out as Form BRF 1 in the Sixteenth Schedule to the Companies Act.”

**Registration of
Business Names
Act.**

**Registration of Business
Names Rules, 1934.**

Rule 11. Insert immediately after the word “Act” the words “so, however, that on or after the date of commencement of the Companies (Amendment) Act, 2013, the form set out as Form BRF 1 in the Sixteenth Schedule to the Companies Act shall be used for the purpose of registration of business names and the forms set out, respectively, as Form B.N.1, Form B.N. 2, and Form B.N. 3 shall be used, as appropriate, for the renewal of registration of business names”.

**Tax
Administration of
Jamaica Act.**

New section 17O. Insert next after section 17N the following—

“ Requirement to submit information regarding TRN and TCC.

17O. With effect from the date of commencement of the Companies (Amendment) Act, 2013, any person applying to register a company under the Companies Act or a business name under the Registration of Business Names Act shall apply for a Taxpayer Registration Number, and may apply for a Tax Compliance Certificate, by completing and submitting to the Registrar of Companies the appropriate sections of the form set out as Form BRF 1 in the Sixteenth Schedule to the Companies Act.”.

Passed in the House of Representatives this 17th day of December, 2013 with one (1) amendment.

MICHAEL A. PEART
Speaker.

Passed in the Senate this 19th day of December, 2013.

FLOYD E. MORRIS

President.

This printed impression has been carefully compared by me with the authenticated impression of the foregoing Act, and has been found by me to be a true and correct printed copy of the said Act.

Clerk to the Houses of Parliament.