



# The Companies Amendment Act 2023

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**UNDERSTANDING NEW FORMS**

# Today's Topics

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1. Rationale for New Forms
2. BO Registry
3. New Forms, New Packages,
4. Additional Document Submission Requirements
5. Document Acceptance Rules
6. AML Department

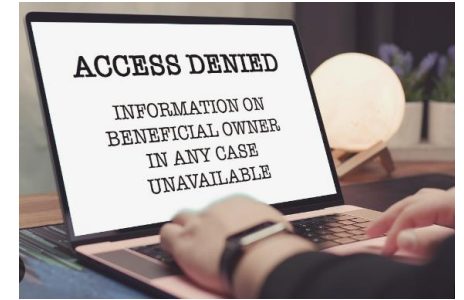
**PRIVATE &  
CONFIDENTIAL**

# Rationale for New BO Forms

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1. As BO information is now private we have removed it from all the forms it was on.
  - **All BO information is on a separate form and will be treated similar to correspondence documents when scanned.**
2. That means access to BO information will not be viewable by the Public.
3. The new BO forms will have to be submitted with all the forms that used to capture BO information.
4. Also any form that must be submitted with BO information will have to come into the COJ with the new BO Forms.

# Private and Confidential



1. ALL Beneficial Ownership information is now **PRIVATE AND CONFIDENTIAL**
2. Beneficial Ownership information **CANNOT BE PROVIDED IN A STATUS LETTER**
3. Beneficial Ownership information **CANNOT BE PROVIDED OVER THE PHONE OR IN AN EMAIL**
4. **ANY REQUEST** for beneficial ownership information must be directed to the AML Unit
5. Only Law Enforcement ,Competent Authorities and the BO can request and have access to Beneficial Ownership information.

## Competent Authorities are:

An entity authorized by the Minister under the POCA to monitor compliance and issue guidelines to businesses in the regulated sector.

Examples:

- a. The Bank of Jamaica (BOJ)
- b. The Financial Services Commission (FSC)
- c. General Legal Council (GLC)



# The New BO Registry

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[WWW.BOREGISTRYJAMAICA.COM](http://WWW.BOREGISTRYJAMAICA.COM)



Welcome to the  
**Jamaica Beneficial Ownership Registry**

This is the site for searching companies to identify Beneficial Ownership. The Companies Office of [Jamaica](#) is the government agency responsible for administering [JBOR](#).

**SEARCH**

If you want to search for Beneficial owners of a company, you must be a subscriber. To search the records of the registry, [Request Access to Set Up an Account](#) or [Log In](#) and then please review the [How to Search](#) Guide.

**FOR REGISTRY ACCESS: SET UP CLIENT ACCOUNT**

If you will be a regular user of the Registry and would like to create a Client Account, review the [Set Up Client Account Guide](#), then click: [Set Up an Account](#)

**TECHNICAL ASSISTANCE**

If you encounter technical problems connecting to or while using this site, please request support from our [Technical Support Team](#)

Announcements



## BENEFICIAL OWNERSHIP HOME

### ACCOUNT HOME

From this screen, you may go to the screens listed below. After completing each transaction, you will be returned to this screen to choose your next transaction or log-out.

#### Account Management

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- REQUEST REGISTRY ACCESS / CREATE A NEW CLIENT ACCOUNT
- UPDATE OR VIEW CLIENT ACCOUNT INFORMATION
- REPORTS
- EDIT AN EXISTING ACCOUNT
- ADD OR MANAGE USERS ON YOUR ACCOUNT
- CHANGE PASSWORD

#### Searches and Filings

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- COMPANY SEARCH



## Company Search

You can search the registry for entities by name or by the registration number.

Enter the Entity Name or Registration Number

Per Page

10 ▾

### Search Results

Sort By: [Name](#) ▲ [Registration Number](#) ◆ [Registration Date](#) ◆

To perform a search, enter search criteria and click Search.





## COMPANY PROFILE

CLOSE

### ENTITY NAME

TUNKET'S WHOLESALE AND RETAIL LIMITED

### REGISTERED ADDRESS

Royal Avenue  
Linstead P.O, Saint Catherine  
Jamaica

### REGISTRATION NUMBER

117007

### REGISTRATION DATE

30/12/2022

### ENTITY TYPE

Limited By Share

### STATUS

ACTIVE

### ENTITY NATURE

52202 - Retail Sale of Meats and Meat Products

Secretary

Shares

Directors

Beneficial Owners

NAME	Type	NATIONALITY	ADDRESS	TRN	APPOINTED AT	PHONE	EMAIL
Gayon Harrison		Jamaica	Nutshell District Ewarton P.O, Saint Catherine Jamaica	118132652	30/12/2022	8765013714	tunketwholesale@gmail.com



## COMPANY PROFILE

⊗ CLOSE

<b>ENTITY NAME</b> TUNKET'S WHOLESALE AND RETAIL LIMITED	<b>REGISTERED ADDRESS</b> Royal Avenue Linstead P.O, Saint Catherine Jamaica	<b>REGISTRATION NUMBER</b> 117007
<b>ENTITY TYPE</b> Limited By Share	<b>STATUS</b> ACTIVE	<b>REGISTRATION DATE</b> 30/12/2022
		<b>ENTITY NATURE</b> 52202 - Retail Sale of Meats and Meat Products

- Secretary
- Shares
- Directors
- Beneficial Owners**

View All

Ashley Taylor

TYPE	NATIONALITY	ADDRESS	TRN
Individual	Jamaican	Nutshell District Ewarton, Saint Catherine Jamaica	124172962
			<b>APPOINTED AT</b>
			<b>PHONE</b>
<b>EMAIL</b> tunketwholesale@gmail.com			
SHARE TYPE	PERSONAL SHARES	JOINT SHARES	SHARE ISSUED
Ordinary	1000		

New Forms to File | Effective April 24, 2023



## Companies (Amendment) Act Passed

The amendments to the Companies Act 2023 aims to strengthen Jamaica's anti-money laundering, counter-terrorism, and proliferation of arms financing efforts as it relates to legal persons.

[Read the Companies Act](#)

Quick Overview

### Main Features in the Amendment

- All companies, profit and non-profit, will be required to state the beneficial owner of the company. The Beneficial Ownership threshold was lowered from 50% to 25% for companies with shares.
- New powers of the Registrar/COJ to verify beneficial ownership information through investigation and inspection.
- The COJ will no longer charge the Annual Return penalty under Section 121. Only late fees will be collected.

[Learn More](#)

WATCH: Intro to Beneficial Ownership

A **beneficial owner** must be *identified* in all circumstances.

All BO Related Information:  
Presentations, BO Info Booklets,  
Forms , Precedents.

BOHUBJAMAICA.COM

# New Forms

New Companies

Annual Returns

Return of Allotment

Change Forms

- New Incorporation**  
(Requires Stamp Duty)
- Amended Articles**
- Adopted Articles**
- Re-registration**  
(Changing from one type of a company to another)



THE COMPANIES ACT  
**ARTICLES OF INCORPORATION: COMPANY LIMITED BY SHARES**  
(Pursuant to sections 8 & 25 of the Companies Act)

**FORM 1A**  
READ INSTRUCTIONS BEFORE COMPLETING

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

1A. NAME OF COMPANY

\_\_\_\_\_  
\_\_\_\_\_

The name here must be completely consistent with the **name reserved** in pursuance of this incorporation or where applicable, the certificate of incorporation or most recent certificate of change of name.

1B. JUSTIFICATION FOR PROPOSED NAME (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

The use of words such as "Caribbean", "Global" and "International" must be explained. See **BRF1 form** for full list of words that need justification.

1C. TYPE OF COMPANY

Private  Public

1D. VALUE OF ALLOTTED SHARES (For public companies only)

\$ \_\_\_\_\_

The value of allotted shares for Public Companies must not be less than **\$500,000.00**.

1E. CORE BUSINESS OF THE COMPANY

**PRIVATE &  
CONFIDENTIAL**

# New Beneficial Owner Forms

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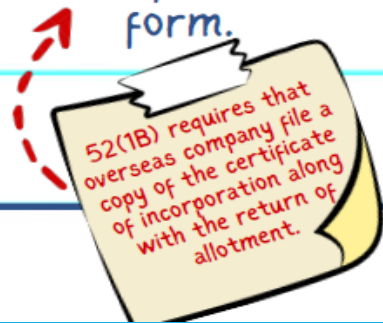
The New BO Forms are:

## **Beneficial Owner Return**

1. BOR: Form A ( For Companies w/Shares )
2. BOR Form B ( For Companies wo/Shares)
3. BOR Form C: ( For All Companies Notice of Change in Shareholder/Member /BO information)
4. Form 27A Notice of Change in Shareholder/Member /BO information ( For Companies w/Shares )
5. Form 27B Notice of Change in Shareholder/Member /BO information ( For Companies wo/Shares )
6. Form 5A Notice Change in Identification

# WHEN TO FILE A BENEFICIAL OWNERSHIP RETURN

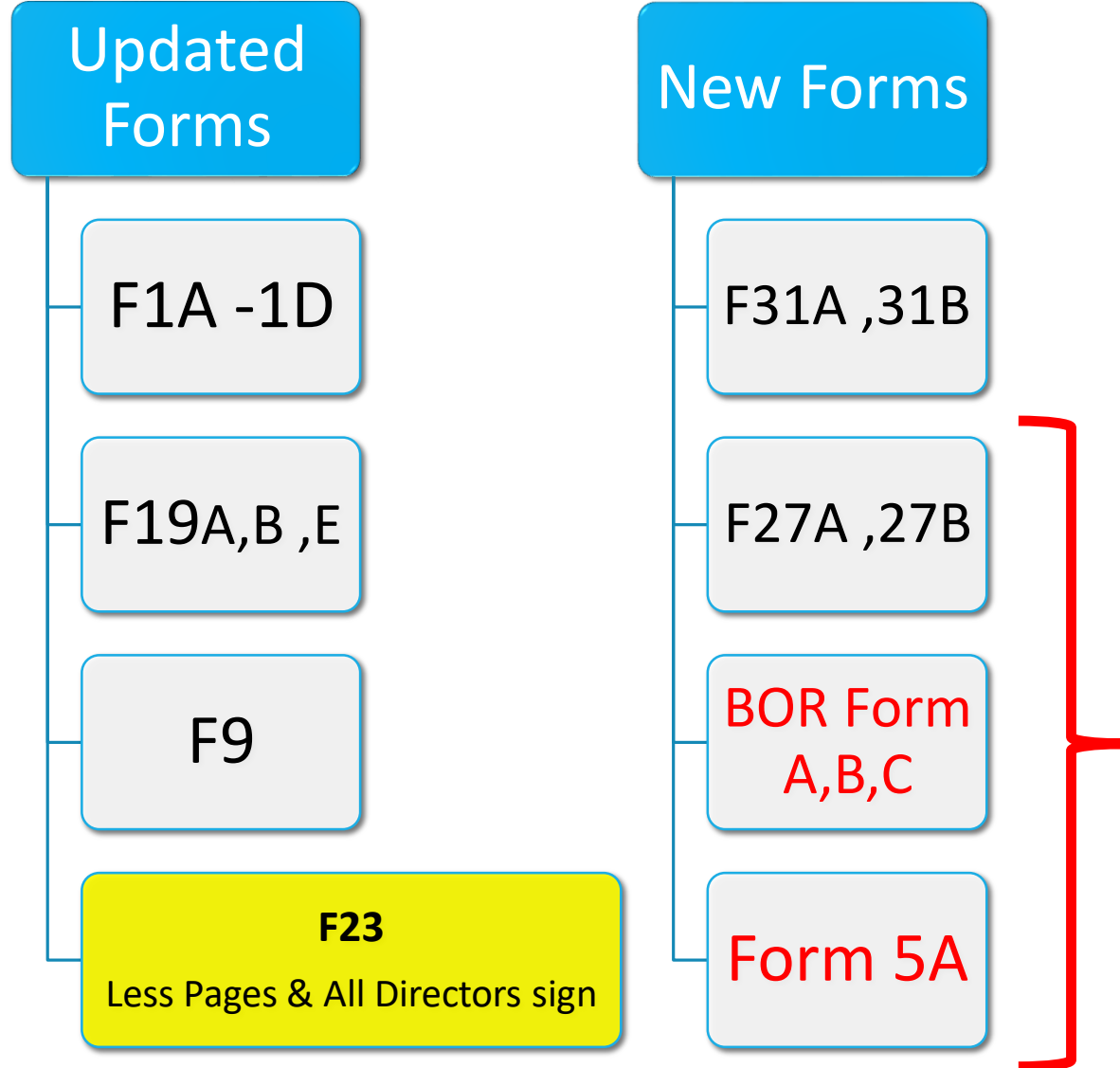
AT INCORPORATION	AT ALLOTMENT OF SHARES	ANNUALLY	WHERE THERE IS A CHANGE
<p><u>Section 3(1)(a)(iii)</u> requires that beneficial ownership information be filed with the COJ at the time of incorporation.</p>	<p><u>Section 52(1A)</u> requires that beneficial ownership information be filed with the COJ at the same time as the Return of Allotment form.</p>	<p><u>Section 377A(1)(c)</u> requires that a beneficial ownership return form be filed with the COJ on the return date of the company.</p>	<p><u>Section 377A(1)(d)</u> requires that the COJ be notified of any changes in beneficial ownership information within 14 days from the date the change occurs.</p>



52(1B) requires that overseas company file a copy of the certificate of incorporation along with the return of allotment.

# New Forms

## New Packages



- New Incorporation  
(Requires Stamp Duty)
- Amended Articles
- Adopted Articles
- Re-registration  
(Changing from one type of a company to another)



THE COMPANIES ACT  
ARTICLES OF INCORPORATION: COMPANY LIMITED BY SHARES  
(Pursuant to sections 6 & 25 of the Companies Act)

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

1A. NAME OF COMPANY		The name here must be completely consistent with the name received in pursuance of this incorporation or where applicable, the certificate of incorporation or most recent certificate of change of name.
1B. JUSTIFICATION FOR PROPOSED NAME (if applicable)		
1C. TYPE OF COMPANY		The use of words such as "Caribbean", "Global" and "International" must be explained. See BRF's Form for full list of words that need justification.
<input type="checkbox"/> Private	<input type="checkbox"/> Public	
1D. VALUE OF ALLOTTED SHARES (For public companies only)		The value of allotted shares for Public Companies must not be less than \$500,000.00
1E. COMPANY BUSINESS OF THE COMPANY		

# Existing Forms Updates

## INCORPORATION FORMS

Forms 1 A : All references to BO have been removed.

All Forms 1A to 1 D now have a note that the relevant BO Form has been attached

Form 31: Has been split into 2 forms

- 31 A for Overseas Companies with Shares & 31 B for overseas Companies without shares
- a note that the relevant BO Form has been attached.

## ANNUAL RETURNS

Forms 19 A : All references to BO have been removed.

All Forms 19A to 1 9B now have a note that the relevant BO Form has been attached.

Status Quo Annual Returns

Form 19E-A : Companies with Shares

Form 19E-B: Companies without Shares



# New Filed By Pages

**13. FILED BY  
PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA**

<b>NAME:</b>	
<b>COMPLETE ADDRESS:</b>	_____
<b>EMAIL ADDRESS:</b>	_____
<b>CONTACT NUMBER:</b>	_____

**14. ADDITIONAL PARTICULARS OF DIRECTORS**

NAME OF DIRECTOR	TAXPAYER REGISTRATION NUMBER	EMAIL
1.		
2.		
3.		
4.		
5.		
6.		

**15. ADDITIONAL PARTICULARS OF COMPANY SECRETARY**

NAME OF SECRETARY	TAXPAYER REGISTRATION NUMBER	EMAIL

**16. ADDITIONAL PARTICULARS OF DECLARANT**

TAXPAYER REGISTRATION NUMBER	EMAIL

**17. PARTICULARS OF INDIVIDUAL SUBSCRIBERS**

NAME OF SUBSCRIBER <i>(first then last)</i>	TAXPAYER REGISTRATION NUMBER TAXPAYER REGISTRATION NUMBER <i>(WHERE THERE IS NONE, USE NATIONAL VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENCE NUMBER)</i>	DATE OF BIRTH <i>(dd/mm/yyyy)</i>
1.		
2.		
3.		
4.		
5.		

# BO & Shareholder/Member Data Collection

EXISTING BO & SHAREHOLDER INFO	ADDITIONAL BO & SHAREHOLDER INFO (NEW)	Additional Uploads/Correspondence (New)
<p>Name</p> <p>Address</p> <p>Nationality</p> <p>Occupation</p>	<p>TRN</p> <p>Date of Birth</p> <p>BO Relationship to company</p> <ul style="list-style-type: none"> <li>◦ <input type="checkbox"/> Shares 25% or more( Ownership)</li> <li>◦ <input type="checkbox"/> Control</li> <li>◦ <input type="checkbox"/> Highest Position of Authority</li> </ul>	<ul style="list-style-type: none"> <li>• <b>All Shareholders &amp;BO's must provide:</b></li> <li>• Identification eg: Driver's license or Passport etc.</li> <li>• The ID # and date of expiry must be recorded</li> <li>• <b>All Corporate Shareholders/Members:</b> <ul style="list-style-type: none"> <li>• Certificate of Inc if an overseas company must be provided.</li> </ul> </li> </ul>

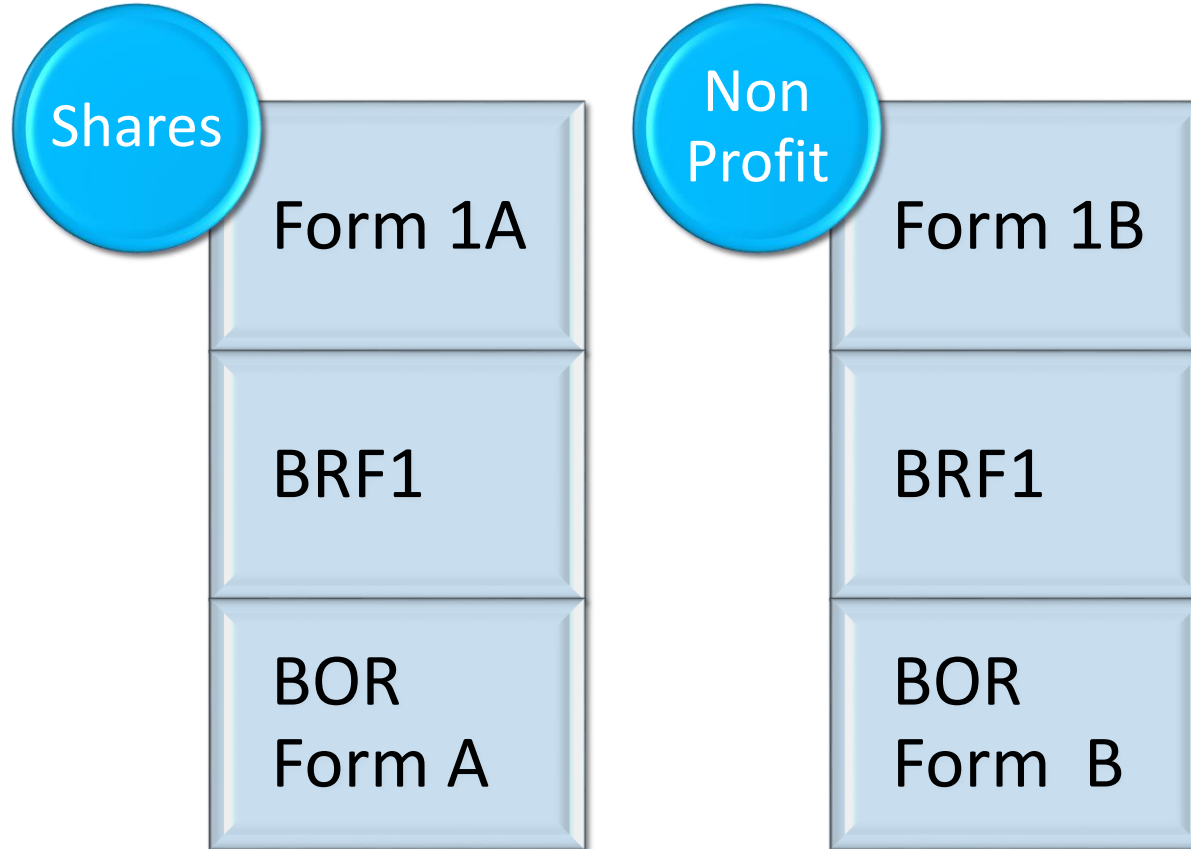
# The Form Packages

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# NEW COMPANY PACKAGES: Local

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The cost is the **\$3000**  
The BOR Must be submitted with all New Companies



# NEW COMPANY PACKAGES: Overseas

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Share  
s

Form 31A

BOR Form A

Certified Copies  
of The  
Constituent  
Docs of the  
Company

Non  
Profit

Form 31B

BOR Form B

Certified Copies  
of The  
Constituent  
Docs of the  
Company

The cost is the

**\$3000**

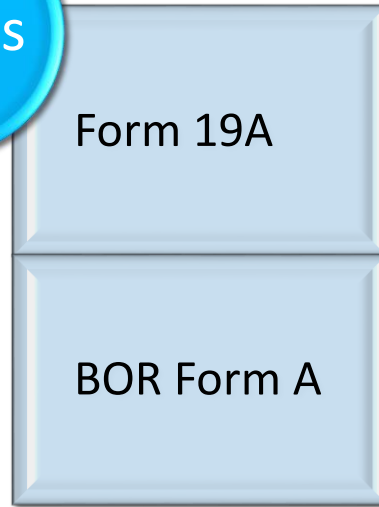
The BOR Must be  
submitted with all  
New Companies

# NEW ANNUAL RETURN PACKAGES

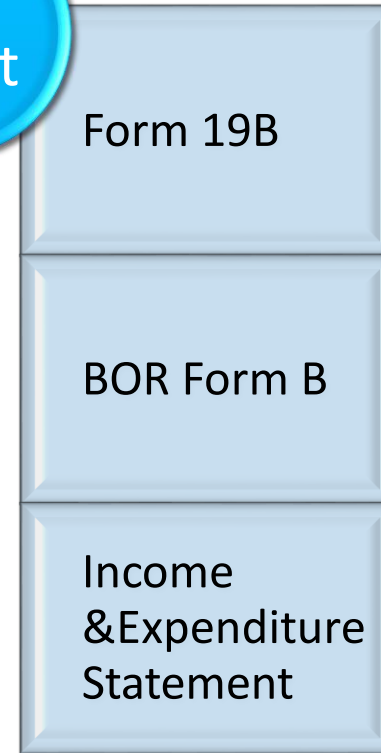
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The cost is the **\$3000**  
The BOR Must be submitted with all Annual Returns  
Late Fee applies if 28 days late.

Shares



Non Profit



# Overseas Companies Annual PACKAGES

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Shares

Financial  
Statement

**BOR Form A**

Non  
Profit

Financial  
Statement

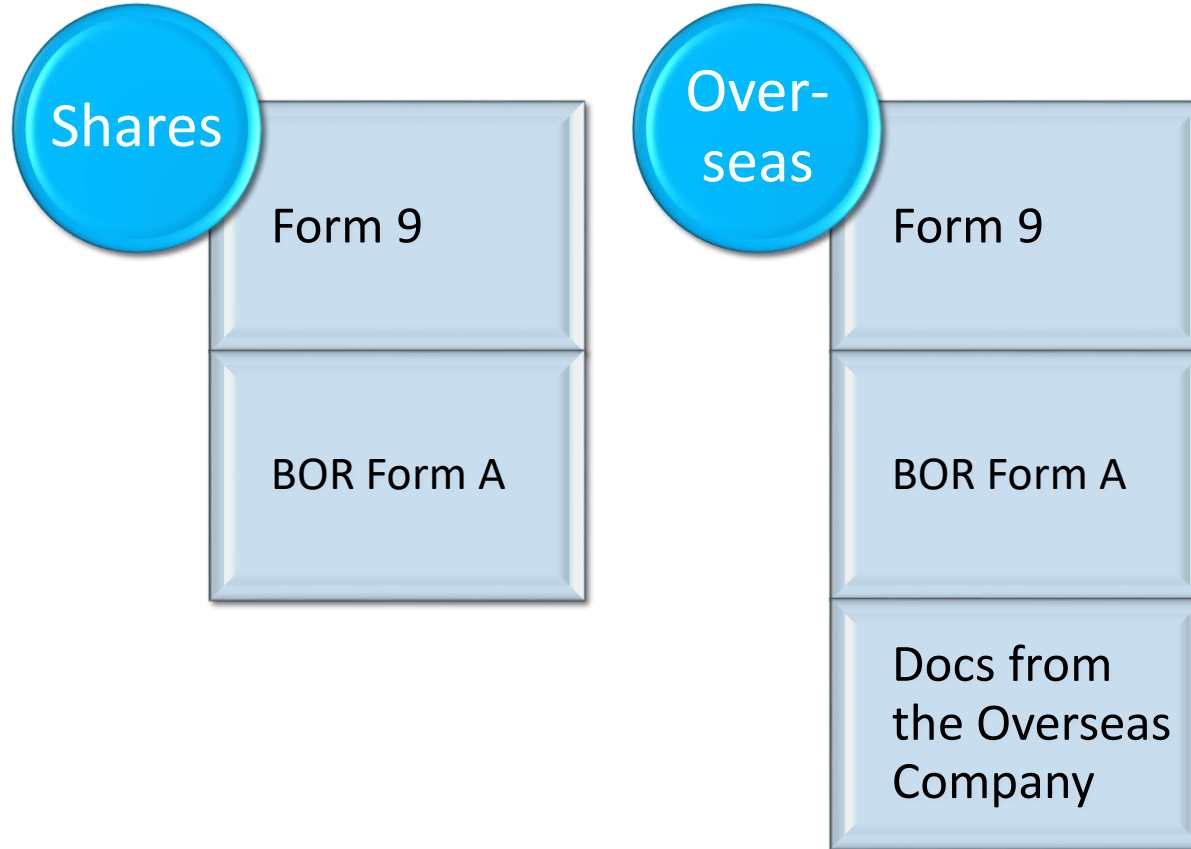
**BOR Form B**

The cost is the **\$3000**  
The BOR Must be  
submitted with all  
Financial Statements  
Late Fee applies if 28  
days late.

# NEW Return of Allotment PACKAGES

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The cost is the **\$3000**  
The BOR Must be submitted with all New Allotments  
Late Fee applies if 1 month late.





# NEW Change Forms: Changes in Beneficial Owners & Shareholders

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Shares

Form  
27A

**BOR  
Form C**

Non  
Profit

Form  
27B

**BOR  
Form C**

The cost is the

**\$6000**

Late Fee applies if 14  
days late.

Similar to F23 and F20

# NEW Change Forms: Changes in ID Particulars

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Shares

Form 5A

Requirement to  
notify COJ when ID  
for BO and  
Shareholder expire

Non  
Profit

Form 5A

Requirement to  
notify COJ when ID  
for BO and  
Member expire

The cost is the  
**\$3000**  
Copies of ID's must  
be submitted  
when they expire

# Document Acceptance Rules

Old Forms

Exemptions



# DOCUMENT ACCEPTANCE RULES

May 1<sup>st</sup> 2023: New Forms- Start

May 15<sup>th</sup> 2023: Old Forms Stop

March 31<sup>st</sup> 2024: Resubmissions Old Forms Stop

## 1 New Companies

New companies being incorporated must use the new and updated forms. Resubmissions may be done on old forms and no BOR will be required.

## 2 Annual Return

All new annual return submissions must use the new and updated forms. Resubmissions may be done on old forms and no BOR will be required. Status Quo forms will not be accepted unless an annual return using the updated form has been filed.

# DOCUMENT ACCEPTANCE RULES

May 1<sup>st</sup> 2023: New Forms- Start

May 15<sup>th</sup> 2023: Old Forms Stop

March 31<sup>st</sup> 2024: Resubmissions Old Forms Stop

## 3 Notice of Change

All companies must file a change in Beneficial Owner on Form 27A/B with the BOR Forms attached. Exemption for public and non-profit companies. This form is used for addition, removal and change in particulars of members and beneficial owners.

## 4

## Return of Allotment

All new return of allotment forms must use the new and updated forms. Resubmissions may be done on old forms and no BOR will be required.

# DOCUMENT ACCEPTANCE RULES

## 5 *General*

Identification documents are to be provided at incorporation, annual returns, return of allotments and changes in membership and beneficial ownership information.

# NEXT STEPS FOR COMPANIES

Explore and acquire software to manage member and beneficial owner information and due diligence documents.

Ensuring that the information they have on the beneficial owners are accurate, up to date and adequate.



ACQUIRE SOFTWARE

IDENTIFY BENEFICIAL OWNERS

STANDARD OF INFORMATION

FILL IN MISSING INFORMATION

Identifying all the beneficial owners of the company.

Seek out and insert any missing beneficial ownership information.

# NEXT STEPS FOR COMPANIES (cont'd)

Prepare to file the information found with the Registrar.

Update the compliance obligations of existing entities as well as upgrade packages presented to new registrants.



Getting all the required information on members updated in the company's Register

Amend Company Incorporation Questionnaire



# NEXT STEPS FOR COMPANIES (cont'd)

Set up systematic approach to verifying membership and beneficial ownership information and changes

Host information sessions with shareholders and directors to make them aware of obligations

VERIFICATION OF INFORMATION

AMEND ARTICLES

INFORMATIVE SESSIONS

ATTEND WEBINARS

Amend Articles to provide for compulsory buy-back of shares due to failure to cooperate.

Attend COJ information sessions to obtain greater understanding.

# Beneficial Ownership Forms

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1. BOR: FORM A ( FOR COMPANIES W/SHARES )
2. BOR FORM B ( FOR COMPANIES WO/SHARES)

# New Forms

New Companies

Annual Returns

Return of Allotment

Change Forms

- New Incorporation**  
(Requires Stamp Duty)
- Amended Articles**
- Adopted Articles**
- Re-registration**  
(Changing from one type of a company to another)



THE COMPANIES ACT  
**ARTICLES OF INCORPORATION: COMPANY LIMITED BY SHARES**  
(Pursuant to sections 8 & 25 of the Companies Act)

**FORM 1A**  
READ INSTRUCTIONS BEFORE COMPLETING

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

1A. NAME OF COMPANY

\_\_\_\_\_  
\_\_\_\_\_

The name here must be completely consistent with the **name reserved** in pursuance of this incorporation or where applicable, the certificate of incorporation or most recent certificate of change of name.

1B. JUSTIFICATION FOR PROPOSED NAME (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

The use of words such as "Caribbean", "Global" and "International" must be explained. See **BRF1 form** for full list of words that need justification.

1C. TYPE OF COMPANY

Private  Public

1D. VALUE OF ALLOTTED SHARES (For public companies only)

\$ \_\_\_\_\_

The value of allotted shares for Public Companies must not be less than **\$500,000.00**.

1E. CORE BUSINESS OF THE COMPANY



## BENEFICIAL OWNERSHIP RETURN – FORM A

# BOR-Form A

### BENEFICIAL OWNER OF A COMPANY

PLEASE INDICATE THE REASON FOR SUBMITTING THIS FORM:

- Attachment to the Form 1A, 1C, 1D       Attachment to the Form 19A  
 Attachment to the Form 31A       Attachment to the Form 9       Annual Submission (Overseas Companies)

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. EMAIL ADDRESS	1H. TYPE OF COMPANY
		<input type="checkbox"/> Private <input type="checkbox"/> Public

Section for Overseas Companies



2A. PERIOD FOR WHICH RETURN IS MADE UP (where return is being filed annually)							
(I) START	DAY	MONTH	YEAR	(II) END	DAY	MONTH	YEAR

Made Up dates:  
Annual Submissions

**AR Period**  
**FS Annual Period**



3B. DATE OF RETURN (where return is being filed with another form)		
DAY	MONTH	YEAR

New Companies:

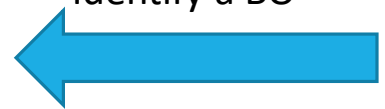
- **Date on the BRF1**
  - Return of Allotment:
  - **Date at end of RA Period**
- 

# Identifying the BO: Shareholder/Member/Subscriber is an Individual

3A. BENEFICIAL OWNERS OF THE COMPANY			
NAME OF BENEFICIAL OWNER 1	ADDRESS	NATIONALITY	OCCUPATION
<b>RELATIONSHIP TO COMPANY</b> <b>Ultimate Ownership</b> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company <b>Ultimate Control of the Company</b> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <b>Control of the Management of the Company</b> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____		Date person commenced as beneficial owner (dd/mm/yyyy): _____  Tax Registration Number: _____  Date of Birth (dd/mm/yyyy): _____	
<b>RELATIONSHIP TO COMPANY</b> <b>Ultimate Ownership</b> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <b>Ultimate Control of the Company</b> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <b>Control of the Management of the Company</b> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____		Date person commenced as beneficial owner (dd/mm/yyyy): _____  Tax Registration Number: _____  Date of Birth (dd/mm/yyyy): _____	
<b>RELATIONSHIP TO COMPANY</b> <b>Ultimate Ownership</b> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <b>Ultimate Control of the Company</b> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <b>Control of the Management of the Company</b> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____		Date person commenced as beneficial owner (dd/mm/yyyy): _____  Tax Registration Number: _____  Date of Birth (dd/mm/yyyy): _____	



- Cascade Test 3
- Core elements to Identify a BO



New Particulars:  
TRN ,DOB  
Date of Commencement

**COMMENCEMENT DATE:**  
**New Companies:** Date of Subscription  
**Annually:**  
Date of incorporation  
Date allocated or Date Transferred



Continuation page(s) attached

# Identifying the BO: Corporate Shareholder/Member

## 3B. CORPORATE SHAREHOLDER

NAME OF CORPORATE SHAREHOLDER		BENEFICIAL OWNER OF CORPORATE SHAREHOLDER <i>If there are several beneficial owners of this company, please use continuation page.</i>		
NAME	ADDRESS	COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Ownership</u> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company  <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors  <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____  DATE OF BIRTH _____ TAX REGISTRATION NUMBER _____				

- Cascade Test 3
- Core elements to Identify a BO



NAME OF CORPORATE SHAREHOLDER		BENEFICIAL OWNER OF CORPORATE SHAREHOLDER <i>If there are several beneficial owners of this company, please use continuation page.</i>		
NAME	ADDRESS	COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Ownership</u> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company  <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors  <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____  DATE OF BIRTH _____ TAX REGISTRATION NUMBER _____				

Continuation page(s) attached

New Particulars:  
TRN , DOB,  
Date of  
Commencement





THE COMPANIES ACT

**PARTICULARS OF BENEFICIAL OWNER**

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

**BENEFICIAL OWNERSHIP RETURN – FORM A**

**New Companies  
will Leave Blank**

**4. LIST OF INDIVIDUAL BENEFICIAL OWNERS**

This list shall include all shareholders holding shares during the period for which the Return is made up and must reflect all changes in shareholders.  
**NOTE: Where shares are transferred, forfeited etc. the date of the transaction must be indicated under the relevant column next to the name of the person acquiring/disposing of the shares and the type of transaction (see key at right).**  
Where shares are issued during the period, the details shall also be provided on a Return of Allotment (Form 9). This includes newly issued shares and shares re-allotted upon forfeiture.

**KEY TO TYPES OF TRANSACTION**  
N = NEW ISSUE      T = TRANSFER  
TM = TRANSMISSION      F = FORFEITURE  
R = REDEMPTION      P = PURCHASE  
S = SURRENDERED (as a gift to the company)

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired <sup>2</sup>	# of shares disposed of <sup>3</sup>			
ADDRESS		NATIONALITY	OCCUPATION		Date person commenced as beneficial owner (dd/mm/yyyy): ____/____/____ Tax Registration Number: _____ Date of Birth (dd/mm/yyyy): ____/____/____	<input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber)	

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired <sup>2</sup>	# of shares disposed of <sup>3</sup>			
ADDRESS		NATIONALITY	OCCUPATION		Date person commenced as beneficial owner (dd/mm/yyyy): ____/____/____ Tax Registration Number: _____ Date of Birth (dd/mm/yyyy): ____/____/____	<input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber)	

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired <sup>2</sup>	# of shares disposed of <sup>3</sup>			
ADDRESS		NATIONALITY	OCCUPATION		Date person commenced as beneficial owner (dd/mm/yyyy): ____/____/____ Tax Registration Number: _____ Date of Birth (dd/mm/yyyy): ____/____/____	<input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber)	

Completed  
Annually &  
New  
Allotments

New Particulars:  
TRN , DOB &  
Commencement  
Date



THE COMPANIES ACT

# BENEFICIAL OWNERSHIP RETURN – FORM A

## PARTICULARS OF BENEFICIAL OWNER

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

### 6. BENEFICIAL OWNERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF BENEFICIAL OWNER (first then last name)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION

New Companies  
will leave Blank

### 7. MEMBERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF BENEFICIAL OWNER (first then last name)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION

Completed  
Annually & For  
New Allotments

### 8. 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.

NAME OF DECLARANT			
CAPACITY	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official <input type="checkbox"/> Member		
SIGNATURE		DATE (dd/mm/yyyy)	

Signature Section





## BENEFICIAL OWNERSHIP RETURN – FORM B

# BOR-Form B

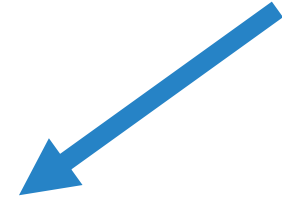
### BENEFICIAL OWNER OF A COMPANY

PLEASE INDICATE THE REASON FOR SUBMITTING THIS FORM:

- Attachment to the Form 1B       Attachment to the Form 19B  
 Attachment to the Form 31B       Annual Submission (Overseas Companies without a Share Capital)

1A. NAME OF COMPANY		
1B. COMPANY REGISTRATION NUMBER	1C. COMPANY TAXPAYER REGISTRATION NUMBER	
1D. PLACE OF INCORPORATION (overseas company)	1E. PRINCIPAL PLACE OF BUSINESS (overseas company)	
1F. COMPANY TELEPHONE NUMBER	1G. EMAIL ADDRESS	1H. TYPE OF COMPANY
		<input type="checkbox"/> Private <input type="checkbox"/> Public

Section for Overseas Companies



Made Up dates:  
Annual Submissions

**Use AR Period**

**Use FS Annual Period**



2A. PERIOD FOR WHICH RETURN IS MADE UP (where return is being filed annually)							
(I) START	DAY	MONTH	YEAR	(II) END	DAY	MONTH	YEAR

New Companies:

- **Date on the BRF1**



2B. DATE OF RETURN (where return is being filed with another form)		
DAY	MONTH	YEAR

# Identifying the BO: Shareholder/Member/Subscriber is an Individual



THE COMPANIES ACT  
**PARTICULARS OF BENEFICIAL OWNER**  
 (Pursuant to Section 377A(1) of the Companies Act 2004)

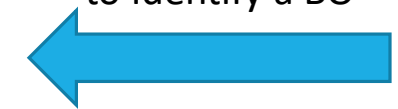
## BENEFICIAL OWNERSHIP RETURN – FORM B

3A. BENEFICIAL OWNERS OF THE COMPANY			
NAME OF BENEFICIAL OWNER 1	ADDRESS	NATIONALITY	OCCUPATION
<b>RELATIONSHIP TO COMPANY</b> <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <b>Ultimate Control of the Company</b> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <b>Control of the Management of the Company</b> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____		Date person commenced as beneficial owner (dd/mm/yyyy): _____ Tax Registration Number: _____ Date of Birth (dd/mm/yyyy): _____	
NAME OF BENEFICIAL OWNER 2	ADDRESS	NATIONALITY	
<b>RELATIONSHIP TO COMPANY</b> <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <b>Ultimate Control of the Company</b> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <b>Control of the Management of the Company</b> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____		Date person commenced as beneficial owner (dd/mm/yyyy): _____ Tax Registration Number: _____ Date of Birth (dd/mm/yyyy): _____	
NAME OF BENEFICIAL OWNER 3	ADDRESS	NATIONALITY	
<b>RELATIONSHIP TO COMPANY</b> <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <b>Ultimate Control of the Company</b> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <b>Control of the Management of the Company</b> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____		Date person commenced as beneficial owner (dd/mm/yyyy): _____ Tax Registration Number: _____ Date of Birth (dd/mm/yyyy): _____	

Continuation page(s) attached



- Cascade Test
- 2 Core elements to Identify a BO



**New Particulars:**  
 TRN ,DOB  
 Date of Commencement

**COMMENCEMENT DATE:**  
**New Companies:** Date of Subscription  
**Annually:**  
 Date of incorporation  
 Date allocated or Date Transferred



# Identifying the BO: Corporate Member



THE COMPANIES ACT  
**PARTICULARS OF BENEFICIAL OWNER**  
 (Pursuant to Section 377A(1) of the Companies Act 2004)

## BENEFICIAL OWNERSHIP RETURN – FORM B

### 3B. CORPORATE MEMBER/ SUBSCRIBER

NAME OF CORPORATE MEMBER/ SUBSCRIBER				
<b>BENEFICIAL OWNER OF CORPORATE MEMBER/ SUBSCRIBER</b> <i>If there are several beneficial owners of this company, please use continuation page.</i>				
NAME	ADDRESS	COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors  <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____				

NAME OF CORPORATE MEMBER				
<b>BENEFICIAL OWNER OF CORPORATE MEMBER/ SUBSCRIBER</b> <i>If there are several beneficial owners of this company, please use continuation page.</i>				
NAME	ADDRESS	COMMENCEMENT DATE AS BENEFICIAL OWNER	NATIONALITY	OCCUPATION
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors  <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____				
<input type="checkbox"/> _____ Continuation page(s) attached				

- Cascade Test 3
- Core elements to Identify a BO



New Particulars:  
 TRN , DOB,  
 Date of  
 Commencement





## PARTICULARS OF BENEFICIAL OWNER

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

### 4. LIST OF CURRENT MEMBERS WHO ARE NATURAL INDIVIDUALS

All the members who are natural persons must be listed in this section.

Members are those natural persons whose names have been entered in the company's register of members. In a company without shares, these persons will also tend to be subscribers.

#### MEMBER 1

NAME <i>(first then last name)</i>	DATE COMMENCED AS MEMBER <i>(dd/mm/yyyy)</i>	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH <i>(dd/mm/yyyy)</i>

#### MEMBER 2

NAME <i>(first then last name)</i>	DATE COMMENCED AS MEMBER <i>(dd/mm/yyyy)</i>	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH <i>(dd/mm/yyyy)</i>

#### MEMBER 3

NAME <i>(first then last name)</i>	DATE COMMENCED AS MEMBER <i>(dd/mm/yyyy)</i>	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH <i>(dd/mm/yyyy)</i>

#### MEMBER 4

NAME <i>(first then last name)</i>	DATE COMMENCED AS MEMBER <i>(dd/mm/yyyy)</i>	ADDRESS	NATIONALITY	OCCUPATION	TAX REGISTRATION NUMBER	DATE OF BIRTH <i>(dd/mm/yyyy)</i>

New Companies  
will Leave Blank

Completed  
Annually

- New Particulars:  
Commencement Date  
TRN,DOB



THE COMPANIES ACT

**PARTICULARS OF BENEFICIAL OWNER**

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

**BENEFICIAL OWNERSHIP RETURN – FORM B**

**5. LIST OF MEMBERS/SUBSCRIBERS WHO ARE COMPANIES**

This list shall include all companies who are members of the company during the period for which the Annual Return is made up.

Members are those legal persons whose names have been entered in the company's register of members. In a company without shares, these persons will also tend to be subscribers.

NAME OF COMPANY 1:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION

NAME OF COMPANY 2:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION

NAME OF COMPANY 3:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION

NAME OF COMPANY 4:	DATE COMMENCED AS MEMBER (dd/mm/yyyy)	DATE OF INCORPORATION:	COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS	COUNTRY OF INCORPORATION

**New Companies will Leave Blank**

Completed Annually

New Particulars: TRN , DOB & Commencement Date





THE COMPANIES ACT

# BENEFICIAL OWNERSHIP RETURN – FORM B

## PARTICULARS OF BENEFICIAL OWNER

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

### 6. BENEFICIAL OWNERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF BENEFICIAL OWNER (first then last name)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION

**New Companies  
will leave Blank**

### 7. MEMBERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF MEMBER (first then last name)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION

**Completed  
Annually**

### 8. 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.

NAME OF DECLARANT			
CAPACITY	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Authorised Official <input type="checkbox"/> Member
SIGNATURE		DATE (dd/mm/yyyy)	

**Signature Section**

# Beneficial Owner Change Forms

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**FORM 27A :** NOTICE OF CHANGE IN SHAREHOLDER/BO INFORMATION (COMPANIES W/SHARES )

**FORM 27B :** NOTICE OF CHANGE IN MEMBER /BO INFORMATION ( FOR COMPANIES WO/SHARES )

**BOR FORM C:** FOR ALL COMPANIES NOTICE OF CHANGE IN BO INFORMATION

# Form 27 A

**READ INSTRUCTIONS BEFORE  
COMPLETING**



THE COMPANIES ACT OF JAMAICA

## NOTICE OF CHANGE IN REGISTER OF SHAREHOLDERS AND BENEFICIAL OWNERS FOR COMPANIES WITH SHARE CAPITAL

(Pursuant to 109(3)(b) and 377W of the Companies Act of Jamaica 2004)

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

**INSTRUCTIONS:**

- THIS FORM SHOULD BE USED TO NOTIFY THE REGISTRAR OF ANY CHANGES IN SHAREHOLDINGS AND BENEFICIAL OWNERSHIP IN A COMPANY LIMITED BY SHARE CAPITAL.
- CHANGES IN SHAREHOLDINGS THAT ARISE FROM ALLOTMENT OF NEW SHARES SHOULD BE NOTED ON THE FORM 9, NOT ON THIS FORM.
- WHERE THE COMPANY GIVING NOTICE IS AN OVERSEAS COMPANY, PROOF OF CHANGE MUST BE ATTACHED TO THIS FORM, PER SECTION 365(1) OF THE ACT.

1A. NAME OF COMPANY: _____		
1B. COMPANY REGISTRATION NUMBER: _____	1C. COMPANY TAXPAYER REGISTRATION NUMBER: _____	
1D. COMPANY TELEPHONE NUMBER: _____	1E. EMAIL ADDRESS: _____	1F. TYPE OF COMPANY: <input type="checkbox"/> Private <input type="checkbox"/> Public

**2. NATURE OF CHANGE**

<input type="checkbox"/> Change in shareholder (cessation of existing or commencement of new shareholder)	<input type="checkbox"/> General Changes
<input type="checkbox"/> Change in beneficial owner (cessation of existing or commencement of new beneficial owner)	

**EXEMPTION:**  
**PUBLIC COMPANIES**  
 Only Changes in BO

**Changes In:**

- Shareholdings
- Shareholder Details
- BO Particulars
- Local & Overseas Companies

**Within the 14 day period**

**Return of Allotments:**  
**Forfeiture & Allotment= F9**  
**Forfeiture & NO Allotment= F27A**

Select type of  
Changes



# PART 1

## 2. NATURE OF CHANGE

<input type="checkbox"/> Change in shareholder (cessation of existing or commencement of new shareholder)
<input type="checkbox"/> Change in beneficial owner (cessation of existing or commencement of new beneficial owner) <input type="checkbox"/> General Changes

## 3. PLEASE CONFIRM THAT YOU HAVE ATTACHED BENEFICIAL OWNERSHIP RETURN- FORM C IF YOU ARE NOTIFYING THE REGISTRAR OF A CHANGE IN BENEFICIAL OWNERSHIP INFORMATION

<input type="checkbox"/> YES, THE BENEFICIAL OWNERSHIP RETURN - FORM C IS ATTACHED TO THIS FORM
---



## PART I – CESSATION OF CURRENT SHAREHOLDER

### 4A. CHANGE IN SHAREHOLDING – REMOVAL OF CURRENT SHAREHOLDER

NOTICE IS GIVEN THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON(S) CEASED TO BE A SHAREHOLDER OF THE COMPANY.



NAME OF SHAREHOLDER	CLASS OF SHARES	NUMBER OF SHARES DISPOSED OF	OCCUPATION	NATIONALITY
ADDRESS:				



4B. CHANGE IN SHAREHOLDING – COMPANY WITH SHARE CAPITAL

NOTICE IS GIVEN THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON(S) COMMENCED AS SHAREHOLDER(S) OF THE COMPANY.

Date of Commencement of Shareholder

NAME	CLASS OF SHARES	NUMBER OF SHARES ACQUIRED	OCCUPATION	NATIONALITY
ADDRESS: _____				
COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS <i>(CORPORATE SHAREHOLDER ONLY)</i>				
COUNTRY OF INCORPORATION <i>(CORPORATE SHAREHOLDER ONLY)</i>				
DATE OF INCORPORATION <i>(CORPORATE SHAREHOLDER ONLY)</i>				

- Particulars**

  - Shareholdings
  - Shareholder Details
  - Particular for Corporate Shareholders



NAME	CLASS OF SHARES	NUMBER OF SHARES ACQUIRED	OCCUPATION	NATIONALITY
ADDRESS: _____				
COMPANY REGISTERED OFFICE ADDRESS/OTHER ADDRESS <i>(CORPORATE SHAREHOLDER ONLY)</i>				
COUNTRY OF INCORPORATION <i>(CORPORATE SHAREHOLDER ONLY)</i>				
DATE OF INCORPORATION <i>(CORPORATE SHAREHOLDER ONLY)</i>				



PART III – CHANGES IN SHAREHOLDING OF EXISTING SHAREHOLDER

**5. CHANGES IN SHAREHOLDING OF EXISTING SHAREHOLDERS**

*Increases occurring from an allotment of shares shall **NOT** be stated here, the Form 9 should be used.*

NOTICE IS GIVEN THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON(S) INCREASED OR DECREASED THEIR SHAREHOLDING IN THE COMPANY.

NAME OF SHAREHOLDER	NUMBER OF SHARES HELD BEFORE CHANGE	NUMBER OF SHARES HELD AFTER CHANGE

Date of Change to Shareholdings Increases or Decreases

PART IV – GENERAL CHANGES TO THE COMPANY REGISTER

**6A. PLEASE INDICATE NATURE OF CHANGE BELOW**

<input type="checkbox"/> Change Of Name of Corporate Shareholder <i>PROOF OF CHANGE OF NAME MUST BE SUBMITTED WITH FORM.</i> <div style="border: 2px dashed red; padding: 5px; text-align: center;"> <p>Proof for Overseas Companies only</p> </div>	<input type="checkbox"/> Change Of Name of Shareholder INDICATE REASON FOR CHANGE OF NAME <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> DEED POLL <i>PROOF OF CHANGE OF NAME MUST BE SUBMITTED WITH FORM.</i>
<input type="checkbox"/> Change Of Occupation of Shareholder(s)	<input type="checkbox"/> Change Of Address of Shareholder(s) <input type="checkbox"/> Change Of Nationality of Shareholder(s)

**PART 4**  
 General Changes: Name ,Address, Nationality ,Occupation

# FORM 27A

## PART 4 continued

### 6B. PLEASE EXPLAIN THE DETAILS OF THE CHANGE BELOW

Provide a detailed description of the particulars you are changing, stating old information and the new information as well. For example, if the address is changed you should state from where to where. Address should be complete and include street/district, town, and parish.

Details of the changes

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### 7. 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.

NAME OF DECLARANT		CAPACITY	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder
SIGNATURE OF DECLARANT		DATE	

Signature Section



# Form 27B

**READ INSTRUCTIONS BEFORE COMPLETING**



THE COMPANIES ACT OF JAMAICA  
**NOTICE OF CHANGE IN BENEFICIAL OWNERSHIP INFORMATION FOR COMPANIES LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL**

(Pursuant to 377W of the Companies Act of Jamaica 2004)

**EXEMPTION:**  
 Only Changes in BO

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

**INSTRUCTIONS:**

- THIS FORM SHOULD BE USED TO NOTIFY THE REGISTRAR OF ANY CHANGES TO BENEFICIAL OWNERSHIP INFORMATION IN A COMPANY LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL.
- WHERE THE COMPANY GIVING NOTICE IS AN OVERSEAS COMPANY, PROOF OF CHANGE MUST BE ATTACHED TO THIS FORM, PER SECTION 365(1) OF THE ACT.

1A. NAME OF COMPANY: _____		
1B. COMPANY REGISTRATION NUMBER: _____	1C. COMPANY TAXPAYER REGISTRATION NUMBER: _____	
1D. COMPANY TELEPHONE NUMBER: _____	1E. EMAIL ADDRESS: _____	1F. TYPE OF COMPANY: <input type="checkbox"/> Private <input type="checkbox"/> Public

Select  
BO Change

**2. PLEASE CONFIRM THAT YOU HAVE ATTACHED BENEFICIAL OWNERSHIP RETURN FORM C**

YES, THE BENEFICIAL OWNERSHIP RETURN – FORM C IS ATTACHED TO THIS FORM.

**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.

NAME OF DECLARANT		CAPACITY	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Member
SIGNATURE OF DECLARANT		DATE	

Signature Section





**CHANGES TO BENEFICIAL OWNERSHIP INFORMATION OF A COMPANY**

*Instructions: This Form must be completed IF there are changes to the beneficial ownership information of a company and must be submitted along with Forms 27A-B*

<b>COMPANY NAME:</b>	<b>COMPANY NUMBER:</b>

**Nature of Change to Beneficial Ownership Information:**

Cessation of Beneficial Owner    Commencement of Beneficial Owner    Change in Relationship of Beneficial Owner to the Company    General Change

**PART ONE – CESSATION OF BENEFICIAL OWNER OF THE COMPANY**

NOTICE IS GIVEN THAT ON THE \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON(S) CEASED TO BE A BENEFICIAL OF THE COMPANY

<b>NAME: (FIRST NAME LAST NAME)</b>	
<b>OCCUPATION:</b>	<b>NATIONALITY:</b>
<b>ADDRESS:</b>	
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Ownership</u> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____	

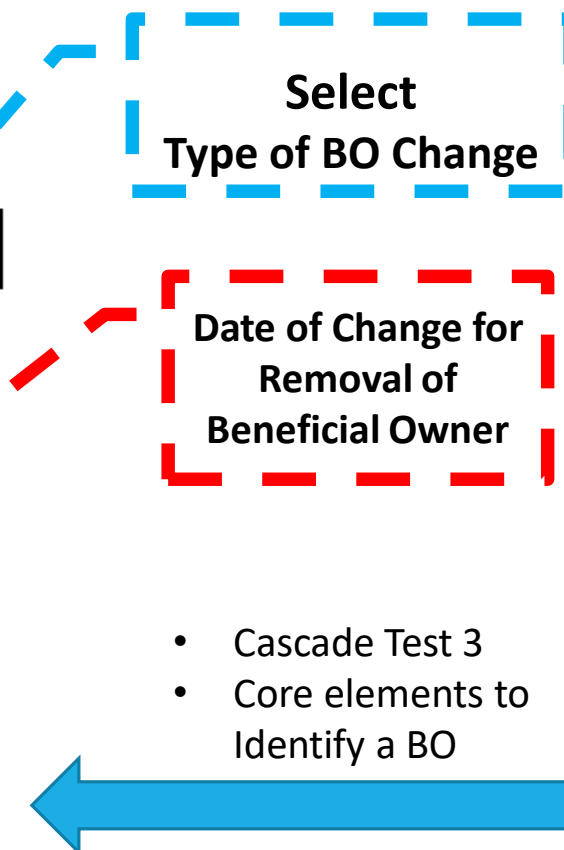
<b>NAME:</b>	
<b>OCCUPATION:</b>	<b>NATIONALITY:</b>
<b>ADDRESS:</b>	

**PART 1**

Select  
Type of BO Change

Date of Change for  
Removal of  
Beneficial Owner

- Cascade Test 3
- Core elements to Identify a BO



**PART TWO – COMMENCEMENT OF NEW BENEFICIAL OWNER OF A COMPANY**

NOTICE IS GIVEN THAT ON THE \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON(S) COMMENCED TO BE A BENEFICIAL OF THE COMPANY.

**PART 2**

NAME:	
OCCUPATION:	NATIONALITY:
ADDRESS:	
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Ownership</u> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____	

Date of Change for  
Removal of  
Beneficial Owner

- Cascade Test 3
- Core elements to Identify a BO

NAME:	
OCCUPATION:	NATIONALITY:
ADDRESS:	
<b>RELATIONSHIP TO COMPANY</b> <u>Ultimate Ownership</u> <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company <input type="checkbox"/> Beneficial owner of the corporate subscriber _____ (state name of corporate subscriber) <u>Ultimate Control of the Company</u> <input type="checkbox"/> Has the ability to determine the policy of the company <input type="checkbox"/> Has the ability to appoint and remove Directors of the company <input type="checkbox"/> Director or Board of Directors <u>Control of the Management of the Company</u> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operations Officer <input type="checkbox"/> Other _____	

# PART 3

## PART THREE – CHANGES IN NATURE OF THE RELATIONSHIP BETWEEN THE BENEFICIAL OWNER AND THE COMPANY

NOTICE IS GIVEN THAT ON THE \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ THE FOLLOWING PERSON(S) CHANGED THEIR PREVIOUS NATURE OF THE RELATIONSHIP BETWEEN THE BENEFICIAL OWNER AND THE COMPANY

Date of Change for  
Nature of  
Beneficial Owner  
Relationship

NAME OF BENEFICIAL OWNER	PREVIOUS NATURE OF THE RELATIONSHIP BETWEEN THE BENEFICIAL OWNER AND THE COMPANY	CURRENT NATURE OF THE RELATIONSHIP BETWEEN THE BENEFICIAL OWNER AND THE COMPANY
	<p><b>RELATIONSHIP TO COMPANY</b>  <u>Ultimate Ownership</u>  <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company  <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company  <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company  <input type="checkbox"/> Beneficial owner of the corporate subscriber            _____ (state name of corporate subscriber)</p> <p><u>Ultimate Control of the Company</u>  <input type="checkbox"/> Has the ability to determine the policy of the company    <input type="checkbox"/> Has the ability to appoint and remove Directors of the company    <input type="checkbox"/> Director or Board of Directors</p> <p><u>Control of the Management of the Company</u>  <input type="checkbox"/> Chief Executive Officer    <input type="checkbox"/> General Manager    <input type="checkbox"/> Chief Financial Officer  <input type="checkbox"/> Chief Operations Officer    <input type="checkbox"/> Other _____</p>	<p><b>RELATIONSHIP TO COMPANY</b>  <u>Ultimate Ownership</u>  <input type="checkbox"/> Owns 25% - 50% interest/voting rights in the company  <input type="checkbox"/> Owns 51% - 75% interest/voting rights in the company  <input type="checkbox"/> Owns 76% - 100% interest/voting rights in the company  <input type="checkbox"/> Beneficial owner of the corporate subscriber            _____ (state name of corporate subscriber)</p> <p><u>Ultimate Control of the Company</u>  <input type="checkbox"/> Has the ability to determine the policy of the company    <input type="checkbox"/> Has the ability to appoint and remove Directors of the company    <input type="checkbox"/> Director or Board of Directors</p> <p><u>Control of the Management of the Company</u>  <input type="checkbox"/> Chief Executive Officer    <input type="checkbox"/> General Manager    <input type="checkbox"/> Chief Financial Officer  <input type="checkbox"/> Chief Operations Officer    <input type="checkbox"/> Other _____</p>



**PART FOUR – GENERAL CHANGES TO BENEFICIAL OWNERSHIP INFORMATION**

<input type="checkbox"/> Change Of Occupation of Beneficial Owner	<input type="checkbox"/> Change Of Name of Beneficial Owner <i>(indicate reason for change of name)</i>  <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> DEED POLL  <i>PROOF OF CHANGE OF NAME MUST BE SUBMITTED WITH FORM.</i>	<input type="checkbox"/> Change Of Address of Beneficial Owner	<input type="checkbox"/> Change Of Nationality of Beneficial Owner
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*Provide a detailed description of the particulars you are changing, stating old information and the new information as well. For example, if the address is changed you should state from where to where. Address should be complete and include street/district, town, and parish.*

<hr/> <hr/> <hr/>	<p>General Changes: Name ,Address, Nationality ,Occupation</p>
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# Identification Change Form

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**FORM 5A: FOR ALL COMPANIES NOTICE OF RENEWAL OF IDENTIFICATION**



**JAMAICA**

**THE COMPANIES ACT**

**NOTICE TO THE REGISTRAR OF COMPANIES OF RENEWAL OF IDENTIFICATION**

*(Pursuant to section 377AD of the Companies Act of Jamaica)*

**Form 5A**

**1. NAME OF COMPANY**

**1A. COMPANY NUMBER**

**1B. COMPANY TAXPAYER REGISTRATION NUMBER**

**2. DETAILS OF PERSON THAT IDENTIFICATION RELATES TO**

*Please attach a certified copy of the renewed identification document. The copy must be certified to be a true copy of the original by a Justice of the Peace, Notary Public, Attorney-at-law, Commissioner of Oaths, Apostille, the Ambassador or Consul-General.*

<b>NAME OF PERSON THAT IDENTIFICATION RELATES TO:</b>	<b>NAME OF PERSON THAT IDENTIFICATION RELATES TO:</b>	<b>NAME OF PERSON THAT IDENTIFICATION RELATES TO:</b>
<b>POSITION OF PERSON IN COMPANY:</b> <input type="checkbox"/> DIRECTOR <input type="checkbox"/> MEMBER / SHAREHOLDER <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> OTHER	<b>POSITION OF PERSON IN COMPANY:</b> <input type="checkbox"/> DIRECTOR <input type="checkbox"/> MEMBER / SHAREHOLDER <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> OTHER	<b>POSITION OF PERSON IN COMPANY:</b> <input type="checkbox"/> DIRECTOR <input type="checkbox"/> MEMBER / SHAREHOLDER <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> OTHER
<b>TYPE OF IDENTIFICATION:</b> <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> OTHER	<b>TYPE OF IDENTIFICATION:</b> <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> OTHER	<b>TYPE OF IDENTIFICATION:</b> <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> OTHER
<b>DATE OF ISSUE OF IDENTIFICATION:</b> <i>(This refers to the date of issue of the identification document being filed with this form)</i> <hr/> <i>(dd/mm/yyyy)</i>	<b>DATE OF ISSUE OF IDENTIFICATION:</b> <i>(This refers to the date of issue of the identification document being filed with this form)</i> <hr/> <i>(dd/mm/yyyy)</i>	<b>DATE OF ISSUE OF IDENTIFICATION:</b> <i>(This refers to the date of issue of the identification document being filed with this form)</i> <hr/> <i>(dd/mm/yyyy)</i>
<b>DATE OF EXPIRY OF IDENTIFICATION:</b> <i>(This refers to the date of issue of the identification document being filed with this form)</i> <hr/> <i>(dd/mm/yyyy)</i>	<b>DATE OF EXPIRY OF IDENTIFICATION:</b> <i>(This refers to the date of issue of the identification document being filed with this form)</i> <hr/> <i>(dd/mm/yyyy)</i>	<b>DATE OF EXPIRY OF IDENTIFICATION:</b> <i>(This refers to the date of issue of the identification document being filed with this form)</i> <hr/> <i>(dd/mm/yyyy)</i>

# BO & Shareholder/Member Data Collection

EXISTING BO & SHAREHOLDER INFO	ADDITIONAL BO & SHAREHOLDER INFO (NEW)	Additional Uploads/Correspondence (New)
<p>Name</p> <p>Address</p> <p>Nationality</p> <p>Occupation</p>	<p>TRN</p> <p>Date of Birth</p> <p>BO Relationship to company</p> <ul style="list-style-type: none"> <li>◦ <input type="checkbox"/> Shares 25% or more( Ownership)</li> <li>◦ <input type="checkbox"/> Control</li> <li>◦ <input type="checkbox"/> Highest Position of Authority</li> </ul>	<ul style="list-style-type: none"> <li>• <b>All Shareholders &amp;BO's must provide:</b></li> <li>• Identification eg: Driver's license or Passport etc.</li> <li>• The ID # and date of expiry must be recorded</li> <li>• <b>All Corporate Shareholders/Members:</b> <ul style="list-style-type: none"> <li>• Certificate of Inc if an overseas company must be provided.</li> </ul> </li> </ul>

# The End



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QUESTIONS ,COMMENTS ,FEEDBACK