

FORM 19

POST - DISTRIBUTION STATEMENT

Pursuant to section 84(1) of the Securities Act, 2012 and By-law 79 of the Securities
(General) By-Laws, 2015

General Instructions:	<p>Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced. See detailed list of required attachments.</p> <p>This form and any attachments should be certified by the Chief Executive Officer and two directors of the Issuer. Where the Chief Executive Officer is unavailable to sign the form, the form should be signed by any other duly authorized senior officer whose proof of authorization must be submitted with this form.</p> <p>Completed applications should be submitted to:</p> <p style="text-align: center;">The Director Disclosure Registration and Corporate Finance Trinidad and Tobago Securities and Exchange Commission 57-59 Dundonald Street Port of Spain Trinidad</p>
Item 1	<p>Specify the type of distribution covered by the Post-Distribution Statement.</p> <p>Mark “x” in the relevant checkbox.</p>
Item 2	<p>State exact name of the Issuer as specified in the Issuer’s constituting or organizational documents.</p>
Item 3	<p>State the Issuer’s principal business address, website, telephone numbers, email addresses and fax numbers in its jurisdiction of incorporation.</p>
Item 4	<p>If the Issuer is not incorporated in Trinidad and Tobago, state the Issuer’s address for service of process in Trinidad and Tobago as well as telephone and fax numbers.</p>
Item 5	<p>Provide the contact information for the person responsible for filing this statement. If this person is a company, this information should be provided for an individual in that company’s employ who is knowledgeable about the distribution.</p>

Item 6	<p>Provide name, address and contact information for all service providers for the distribution. In addition to contact information for the service providers, include:</p> <ul style="list-style-type: none"> • The functions performed by the service provider in respect of the security that was distributed e.g. broker-dealer, underwriter, trustee, paying agent, registrar etc.; and • Confirmation as to whether the service provider is registered in any capacity with the Commission.
Item 7	<p>If the security in respect of which this Form is being filed has been registered with the Commission, state the date of registration of the security with the Commission.</p>
Item 8	<p>Mark “x” in the relevant checkbox to confirm whether a prospectus exemption was utilised for the distribution. If “yes”, state the exemption utilised.</p>
Item 9	<p>If the exemption claimed in item 7 was based on Section 79(1) (l) or (m), provide a list of the names and addresses of the persons who acquired the security.</p>
Item 10	<p>State the particulars of the security issued inclusive of (but not limited to) type, amount, currency, face value, yield, interest rate, interest payment dates, tenor, issue date, maturity date issue price per security, offer period, aggregate sale price.</p> <p>Where the security in question was a securitized instrument, describe the Underlying Instrument(s) inclusive of name of issuer, type of instrument, currency, interest rate, date registered with the Commission (where applicable) etc.</p> <p>Where the security represents a securitized instrument with multiple cash flows, please provide a schedule describing each tranche (cash flow, issue date, maturity date, yield, maturity value, sale price).</p>
Item 11	<p>Date the form. Include the signature of the Chief Executive Officer and two directors of the Issuer. Where the Chief Executive Officer is unavailable to sign the form, the form should be signed by any other duly authorized senior officer whose proof of authorization must be submitted with this form.</p>

Required Attachments

1. A copy of the executed legal documents constituting the securities that were distributed.
2. Copies of the final version of the prospectus (where applicable) or other offering or marketing material used in the distribution.

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Pursuant to section 84(1) of the Securities Act, 2012 and By-law 79 of the Securities (General) By-Laws, 2015

1. PURPOSE OF FILING

Distribution made under section 62(1) of the Act	<input type="checkbox"/>
Distribution made under sections 61(4)(a)(i) and 62(9)(a)(i) of the Act	<input type="checkbox"/>
Distribution made under section 62(11) of the Act	<input type="checkbox"/>

2. NAME OF ISSUER

Name of Issuer of the security

3. ISSUER CONTACT INFORMATION (in the jurisdiction of incorporation)

Primary Business Address			
Work Phone (1-xxx-xxx-xxxx) ext. (xxxx)		Fax Phone (1-xxx-xxx-xxxx)	
Website Address		Email Address	

4. ADDRESS FOR SERVICE OF PROCESS

If issuer is NOT incorporated in Trinidad and Tobago

Local Business Address			
Work Phone (1-xxx-xxx-xxxx)		Fax Phone (1-xxx-xxx-xxxx)	

5. CONTACT INFORMATION OF PERSON RESPONSIBLE FOR FILING STATEMENT

Name (First, Last)	
Company	
Job Title	
Work Phone (1-xxx-xxx-xxxx) ext.	
Fax Phone(1-xxx-xxx-xxxx)	
Mobile Phone (1-xxx-xxx-xxxx)	

6. SERVICE PROVIDERS

Name (Firs, Middle, Last) / Company	Address	Work Phone (1-xxx-xxx-xxxx) ext.	Fax Phone (1-xxx-xxx-xxxx)	Function Performed	Category of Registration

7. REGISTRATION DATE (where applicable)

Date of registration of the security with the Commission (dd/mm/yyyy)	
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8. PROSPECTUS EXEMPTION CLAIMED (where applicable)

	YES	NO
Was a prospectus exemption utilised for the distribution?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes"

State the exemption utilised	
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9. INVESTORS IN DISTRIBUTION

NB: To be used if exemption claimed was based on Section 79 (1) (l) or (m)

Name (First, Middle, Last)	Address	Home Phone (1-xxx-xxx-xxxx)	Mobile Phone (1-xxx-xxx-xxxx)

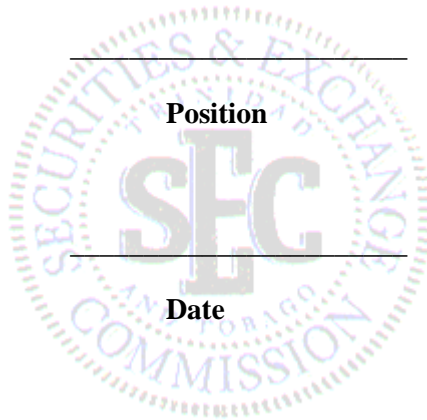
10. PARTICULARS OF THE SECURITY ISSUED

Type of Security	
Amount	
Currency(\$)	
Face Value	
Yield	
Interest Rate (%)	
Interest Payment Dates (dd/mm/yyyy)	

11. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

Print Name	Print Name	Print Name
Signature	Signature	Signature
Position	Position	Position
Date	Date	Date



FOR OFFICIAL USE ONLY

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : _____ Date (DD/MM/YYYY) _____