

FORM 20

NOTIFICATION OF LIMITED OFFERING

Pursuant to sections 61(4)(a)(i) and 62(9)(a)(i) of the Securities Act, 2012 and by-law 25(2) of the Securities (General) By-Laws, 2013

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>The completed form should be submitted to:</p> <p style="padding-left: 40px;">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	State exact name of the Issuer as specified in the Issuer's constituting or organizational documents and provide the specified information for the Issuer.
Item 2	<p>Provide name, address and contact information of all service providers for the proposed distribution such as broker-dealer, underwriter, trustee, paying agent, registrar etc. 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; and● confirmation as to whether the service provider is registered in any capacity with the Commission.
Item 3	State: (i) the proposed commencement date of the distribution; and

	(ii) the proposed closing date of the distribution.
Item 4	State the particulars of the security to be 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.
Item 5	Confirm whether the constituting documents of the distribution contain provisions restricting the aggregate number of security holders of the issue to thirty -five persons or less. Please state "yes" or "no". If "Yes", please confirm where this provision may be found in the constituting documents.
Item 6	Provide the contact information of a Senior Officer of the Issuer who is knowledgeable about the proposed distribution.
Item 7	Provide the required details for the Applicant's Board of Directors. Include names, residential address, telephone numbers, email addresses, dates of appointment as members of the Applicant's board of directors and their percentage shareholding, if any in the Applicant.
Item 8	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..

Required Attachments

1. Copy of draft documents of the constituting the securities to be distributed, or the in the event the distribution is completed, executed copies of these documents.

3. DISTRIBUTION DATES

Proposed start date of distribution (dd/mmm/yyyy)	
Proposed end date of distribution (dd/mmm/yyyy)	

4. DESCRIPTION OF SECURITY

See General Instructions

5. RESTRICTIONS OF TRANSFERABILITY

	YES	NO
Do the constituting documents of the security to be distributed contain provisions restricting the aggregate number of security holders of the issue to thirty-five (35) persons or less?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please confirm where this provision(s) can be found in the constituting documents.		

6. DETAILS OF PERSON RESPONSIBLE FOR FILING THIS STATEMENT

Name (First name Last name) / Company			
Position in Organization			
Work Phone (1-xxx-xxx-xxxx) ext. (xxxx)		Fax Phone(1- xxx-xxx- xxxx)	
Mobile Phone (1-xxx-xxx-xxxx)		Email Address	

7. BOARD OF DIRECTORS

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

8. 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	
Records Management Date Received (dd/mm/yyyy)	

Approved By : _____

Date (DD/MM/YYYY) _____