# FORM 4

# REGISTRATION OF SPONSORED BROKER-DEALER OR SPONSORED INVESTMENT ADVISER

Pursuant to section 51 (5) of the Securities Act, 2012 and by-law 23 of the Securities (General)

By-Laws, 2013

General Instructions:	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.  This form and any attachments should be certified by Applicant.  Completed applications should be submitted to:  The Director  Disclosure Registration and Corporate Finance  Trinidad and Tobago Securities and Exchange Commission  57-59 Dundonald Street  Port of Spain  Trinidad
Item 1	Please mark "x" by the relevant checkbox to indicate the categories of registration being sought.
Item 2	Please state the full name and job title of the Applicant. Also, provide a copy of a valid government issued passport and full contact details of such person which shall include:  (i) the applicant's principal business address, email address(es), telephone numbers and fax numbers in the designated foreign jurisdiction.
	(ii) the address where the Applicant will be residing and the address at which business will conducted in Trin Rad and Tobago including telephone and facsimile numbers.
Item 3	State the designated foreign jurisdiction in which the Applicant is registered.
Item 4	State the category of registration of the Applicant under the relevant legislation in the Designated Foreign Jurisdiction.

Item 5	State the name and contact details of the applicant's employer in the designated foreign jurisdiction.
Item 6	State the name of the sponsoring broker -dealer or investment adviser registered under Section 51(1) of the Act. Attach a letter from the sponsoring broker -dealer or investment adviser to this application confirming its sponsorship.
Item 7	State the proposed date(s) that the Applicant will be engaging in the activities of an investment adviser or broker-dealer in Trinidad and Tobago.
Item 8	Please mark "x" by the relevant checkbox.
Item 9	Please enter any additional information required o establish the applicant's qualification and suitability for registration.
Item 10	Date the application. Include the signature of the Applicant.

## **Required Attachments:**

- 1. Evidence that the Applicant's registration in the designated foreign jurisdiction is in good standing.
- 2. Evidence that the registration of the applicant's employer in the designated foreign jurisdiction is in good standing.
- 3. Letter from a broker-dealer or investment adviser registered under section 51(1) of the Act wherein he/she agrees to sponsor the applicant for registration under section 51(5) of the Act.
- 4. The relevant application fee.

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Pursuant to section 51(5) of the Securities Act, 2012 and by-law 23 of the Securities (General)

By-Laws, 2013

1.	CATEGORY OF RI	EGISTRATION		
	Sponsored Broker-I Sponsored Investme			
2.		FACT INFORMATION		
	FOREIGN JURISDI	CTION		
Ī	Name (First Name Last Name)			
	Principal Business Address			
l	Work Phone (1-xxx-xxx- xxxx) Website	ext.	Fax Phone 1-xxx-xxx- xxxx) Email	ext.
	Website		Address	
	LOCAL			
ı	Local Address			
	Work Phone(1-xxx- xxx-xxxx)	ext.	Fax Phone (1-xxx-xxx-xxxx)	ext.
	Resident Phone		Mobile Phone	

3. NAME OF FOREIGN JURISDICTION

	Name of Foreign Jurisdiction	l			
4.	FOREIGN REGISTRATION	CATEGORY			
	Broker-Dealer ( or its equiva	lent)			
	Investment Adviser (or its ed	quivalent)			
	Other				
	If Other, Please specify below	v			
5.	EMPLOYER DETAILS				
	Employer's Name (Registered name of				
	company)				
	Principal Business Address				
	W I DI				
	Work Phone (1-xxx-xxx-xxxx) ext. xxx		Fax Phone (1-xxx-xxxx)	XXX-	
	Email Address		,		
	Name of Senior Officer at Employer (First Name				
	Last Name)				
	Position of Senior Officer				
	Work Phone (1-xxx-xxx-				
	xxxx) ext. xxx  Position of Applicant in				
	Organization				
	Email Address				
6	LOCAL SPONSOR DETAIL	S			
0.	Sponsoring Firm's Name				
	(Registered name of company)				
	Principal Business Address				
	Work Phone (1-xxx-xxx-xxxx) ext. xxx		Fax Phone (1-xxx-xxxx)	XXX-	
			AAA-AAAA)		

	Email Address  Name of Senior Officer (First Name Last Name)  Work Phone (1-xxx-xxx-		
	Position of Senior Officer in Organization		
	Email Address		
7.	PROPOSED AND PREVIOUS DATES OF ACTIVITY		
	Proposed Dates From (DD/MMM/YYYY) Inclusive of To (DD/MMM/YYYY) Inclusive	of	
	Has the Applicant been previously registered in the category stated at item 1 above in Trinidad and Tobago?	YES	NO
	If "Yes", please state the period that the applicant was registered as a sponsored broinvestment adviser below.	oker-dea	ler or
	Previous Dates From (DD/MMM/YYYY) Inclusive of To (DD/MMM/YYYY) Inclusive	of	
	Trom (DD/MMM/1111) metasive of To (DD/MMM/1111) metasive	01	
8.	APPLICANT QUESTIONNAIRE		
	Answer the questions in the table below. If "Yes", please provide full details as an attachment to this Form:	YES	NO
	Is the Applicant an individual of at least twenty-one (21) years of age?		
	Is the Applicant a resident of Trinidad and Tobago?		
	Is the Applicant registered in any capacity under the Securities Act, 2012? If yes, state the category of registration in which the applicant is registered.		
	Is the Applicant a senior officer or employee of a registrant registered under section 51 (1) of the Act?		
Is the Applicant the subject of any disciplinary proceedings by any self -regulatory			

organisation or competent securities regulatory authority in any jurisdiction?		
Is the Applicant's registration in the designated foreign jurisdiction in good standing? Provide evidence that the registration is in good standing		
To the best of the Applicant's knowledge and belief, is the registration of the registered broker-dealer or investment adviser (or the equivalent or similar) with whom the Applicant is employed in good standing in the designated foreign jurisdiction? Provide evidence that the registration is in good standing.		
ADDITIONAL DIFORMATION		•

#### 9. ADDITIONAL INFORMATION

Please provide any additional information required to establish the applicant's qualification and suitability for registration

#### 10. UDERTAKING OF THE LOCAL SPONSOR

I undertake to monitor and ensure that the actions of the sponsored broker-dealer or sponsored investment adviser comply with the provision of the Securities Act, 2012. I understand that I may be held jointly and severally liable where activities of the sponsored broker-dealer or sponsored investment adviser result in a breach of the Securities Act. 2012.

# 11. UDERTAKING OF SPONSORED BROKER-DEALER OF SPONSORED INVESTMENT ADVISER

I designate and appoint the Local Sponsor at the address of the local Sponsor stated above, as my agent upon whom may be served any notice, pleading, subpoena, summons or other process in any action, investigation or administrative, criminal, quasi-criminal, penal or other proceedings (the "Proceeding") arising out of relating to or concerning my activities as a sponsored broker-dealer of sponsored investment adviser, and irrevocably waive any right to raise as a defence in any such proceeding any alleged lack of jurisdiction to bring the Proceeding.

I irrevocably and unconditionally submit to the non-exclusive jurisdiction of Trinidad and Tobago in any Proceeding arising out of or related to or concerning my activities as a sponsored broker-dealer or sponsored investment adviser.

This submission to juridiction and appointment of agent for service of process shall be governed by and construed in accordance with the laws of Trinidad and Tobago.

### 10. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information 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	Signature	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 : Da	e (DD/MM/YYYY)