

FORM 7

REGISTRATION OF A BRANCH OFFICE

BROKER-DEALER, INVESTMENT ADVISOR OR UNDERWRITER

(CORPORATE-FORM ONLY)

Pursuant to section 56(6) of the Securities Act, 2012 and by-law 46 of the Securities (General) By-Laws, 2013

<p>General Instructions:</p>	<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 by the Chief Executive Officer and two directors of the Registrant. 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>
<p>Item 1</p>	<p>Please mark "x" by the relevant checkbox(es) to indicate the type of activities to be conducted at the Branch Office.</p>
<p>Item 2</p>	<p>State the registered name of the parent registrant and/or the proposed name of the Branch Office, if different.</p>
<p>Item 3</p>	<p>State the Applicant's principal business address, website, telephone numbers, email addresses and fax numbers.</p>
<p>Item 4</p>	<p>State the Branch Office's address, telephone numbers and fax numbers.</p>

Item 5	<p>Give details on all business of a financial or securities nature to be performed within the compound of the Branch Office.</p> <p>If activities other than securities business are to be performed, give details as to the controls to be implemented with respect to the separation of business lines.</p>
Item 6	<p>Provide a list of the names, contact details of those persons who have been registered as registered representatives for the purpose of the discharge of the applicant's securities business at the Branch Office. Disclose what category(ies) of business each registered representative is authorized to conduct.</p>
Item 7	<p>Please state whether the Branch Office would be ascribing to the written supervisory, internal controls and risk management policies and procedures of the parent firm.</p> <p>If not, provide a copy of the applicable written supervisory, internal controls and risk management policies and procedures for the Branch Office.</p>
Item 8	<p>Date the application. Include the signature of the Chief Executive Officer and two directors of the Registrant. 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 Applicant's written supervisory, internal controls and risk management policies and procedures, if these are different from the parent registrant.
2. The relevant application fee.

FORM 7

REGISTRATION OF A BRANCH OFFICE

BROKER-DEALER, INVESTMENT ADVISOR OR UNDERWRITER (CORPORATE-FORM ONLY)

Pursuant to section 56(6) of the Securities Act, 2012 and by-law 46 of the Securities (General)
By-Laws, 2013

1. CATEGORY OF REGISTRATION

Broker Dealer	<input type="checkbox"/>
Investment Adviser (only)	<input type="checkbox"/>
Underwriter	<input type="checkbox"/>

2. NAME OF REGISTRANT

Name of parent registrant / name of branch office

3. APPLICANT'S INFORMATION

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

4. BRANCH INFORMATION

Intended Address of new branch			
Work Phone (1-xxx-xxx-xxxx)		Fax Phone (1-xxx-xxx-xxxx)	
Email Address			

5. ACTIVITIES AT BRANCH OFFICE

See General Instructions

6. DETAILS OF REGISTERED REPRESENTATIVES

Name (First Name Last Name)	Position in Organization	TYPE OF REGISTRATION HELD	Work Phone (1-xxx - xxx-xxxx)	Fax Phone (1-xxx-xxx-xxxx)	Email Address

7. APPLICABLE POLICIES AND PROCEDURES

	Yes	No
Would the proposed branch office be ascribing to the written supervisory, internal controls and risk management policies and procedures of the parent firm?	<input type="checkbox"/>	<input type="checkbox"/>

If "No", see General Instructions

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) _____