FORM 9

DISTRIBUTION STATEMENT

Pursuant to section 62(2) of the Securities Act, 2012 and by-law 26 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 the 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. Completed applications should be submitted to:		
	Disclosure Registration and C orporate Finance Trinidad and Tobago Securities and Exchange Commission 57-59 Dundonald Street Port of Spain Trinidad		
Item 1	State exact name of the Issuer as specified in the Issuer's constituting or organizational documents.		
Item 2	State the Issuer's principal business address, website, telephone numbers, email addresses and fax numbers in its jurisdiction of incorporation.		
Item 3	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.		
Item 4	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 its employ who is knowledgeable about the proposed distribution.		

Item 5	Provide brief details about the purpose of the distribution.
Item 6	 State the following dates in respect of the proposed distribution: the proposed opening and closing dates of the distribution; the proposed date for the allotment of securities; and the proposed date of listing of the securities on a securities exchange, if applicable.
Item 7	Mark "x" by the relevant checkbox to indicate the type of security being registered. In the space provided or in an attachment, provide the full details of the security to be distributed, including but not limited to: (a) the number and type of securities to be distributed; (b) the classes of securities and rights attaching to the securities regarding voting, dividends, liquidation, conversion or exchange rights and any special rights; (c) the estimated net proceeds to be derived from the securities to be distributed or the price at which the securities will be distributed (d) if debt securities are being distributed at premium or discount, the effective yield if held to maturity; and (e) the terms and conditions for each class of securities of the issuer where there is, or is to be, more than one class of securities in this issue.
Item 8	Provide the name, address and contact information for all service providers for the proposed distribution such as broker-dealer, underwriter, trustee, paying agent, registrar etc.
Item 9	1. The Chief Executive Officer and two directors of the Issuer where the Issuer is constituted in corporate form. 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 formor 2. The trustee or a person duly authorized by the trustee.

Required Attachments:

- 1. Copies of all legal documents constituting the security to be distributed.
- 2. Copies of the prospectus or other offering documents which will be used to distribute the security
- 3. The relevant application fee.

FORM 9

DISTRIBUTION STATEMENT

Pursuant to section 62(2) of the Securities Act, 2012 and by-law 26 of the Securities (General)

By-Laws, 2013

1.	NAME OF ISSUER				
	Name of Issuer				
2.	ISSUER CONTACT INFORMATION	ON			
	Primary				
_	Business Address				
_	Work Phone		Fax Phone	<u> </u>	
	(1-xxx-xxx-		(1-xxx-xxx-		
	xxxx)		xxxx)		
	Website Address		Email Address		
	Address		Address		
_					
3.	ADDRESS FOR SERVICE OF PRO		LOUT		1 100 1
_	Applicable if the Issuer is incorpo	orated or Or	ganized OUT	SIDE of Trinida	id and Tobago
	Local Business				
_	Address				
_	Work Phone		Fax Phone		
	(1-xxx-xxx-		(1-xxx-xxx-		
	xxxx)		xxxx)		
4	DETAILS OF PERSON RESPONS	IBLE FOR F	ILING THIS	STATEMENT	
••	Name (First name, Last name) /	IDEE TOKT			
	Company				
	Position in Organization				
	Residential Address				
	Work Phone (1-xxx-xxx-xxxx)				
	Fax Phone(1-xxx-xxx-xxxx)				
	Mobile Phone (1-xxx-xxx-xxxx)				
	Relationship to Issuer				
	Principle place of business of the				
	Filing Person	İ			

5.	PURPOSE OF THE ISSUE
	State the purpose of the distribution
6.	DETAILS OF THE DISTRIBUTION
	Proposed Opening date of distribution
	(dd/mmm/yyyy)
	Proposed Closing date of distribution
	(dd/mmm/yyyy)
	Proposed date for allotment of securities (dd/mmm/yyyy)
	Proposed date of listing securities on the
	securities exchange (if applicable)
_	
7.	DETAILS OF SECURITIES TO BE DISTRIBUTED
	Equity Debt
	CIS
	Other
	If "Other" please specify below:
	Other please specify below.
	Description of Security being registered:
	See General Instructions

Form 9 – Distribution Statement

8. SERVICE PROVIDERS

Name (First Name Last Name / Company	Role in Respect of Distribution	Primary Business Address	Work Phone (1- xxx-xxx-xxxx)	Fax Phone (1- xxx-xxx-
1 2			,	xxxx)
<u> </u>	<u> </u>	<u>l</u>	<u> </u>	

9. 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 : Da	te (DD/MM/YYYY)