

## FORM 2 A

### REGISTRATION AS A BROKER-DEALER, INVESTMENT ADVISER OR UNDERWRITER (CORPORATE-FORM ONLY)

Pursuant to section 56(1) of the Securities Act, 2012 and by-law 18, 19 and 20 of the  
Securities (General) By-Laws, 2015

<b>General Instructions:</b>	<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>Completed applications should be submitted to:</p> <p>The Director Disclosure Registration and Corporate Finance Trinidad and Tobago Securities and Exchange Commission 57-59 Dundonald Street Port of Spain Trinidad</p>
<b>Item 1</b>	<p>Please mark "x" by the relevant checkbox to indicate the type of registration being sought. I.e. initial registration, renewal, or reinstatement.</p>
<b>Item 2</b>	<p>Please mark "x" by the relevant checkbox to indicate the categories of registration being sought.</p> <p>Note: "Broker-Dealer as an Agent" refers to a person engaging in, or holding himself out as engaging in, the business of effecting transactions in securities for the account of others.</p> <p>"Broker-Dealer as a Principal" refers to a person engaging in, or holding himself out as engaging in, the business of buying or selling securities for his own account and who holds himself out at all normal times, as willing to buy and sell securities at prices specified by him.</p>
<b>Item 3</b>	<p>State exact name as specified in the Applicant's constituting or organizational documents.</p>
<b>Item 4</b>	<p>State the Applicant's principal business address, website, telephone numbers, email addresses and fax numbers.</p>

<b>Item 5</b>	State the details of the Applicant's Board of Directors. Include names, residential address, telephone numbers and email addresses.
<b>Item 6</b>	State the details of the Applicant's registered representatives. Include names, residential address, telephone numbers and email addresses.
<b>Item 7</b>	List the Banks and branches where the Applicant maintains accounts and identify account numbers.
<b>Item 8</b>	State the Applicant's financial year end.
<b>Item 9</b>	List all of the Applicant's memberships with self-regulatory organizations in any jurisdiction.
<b>Item 10</b>	State whether the Applicant or any affiliate of the Applicant has ever been registered or disciplined as indicated. If "yes", please provide full details as an attachment to this Form. Please note that this question refers to ALL Laws (e.g. Criminal, Customs, Liquor, etc.) of any state or country, in any part of the world. You are not required to disclose any convictions for which a pardon has been granted, and which pardon has not been revoked.
<b>Item 11</b>	State details of the Designated Officer. Include name, job title, residential address, telephone numbers and email addresses. Also, provide a copy of a valid government issued identification.
<b>Item 12</b>	Provide a list of substantial shareholders of the Applicant. Include names, residential addresses, telephone numbers and number as well as the number and percentage of shares owned by each substantial shareholder at the date of this application.
<b>Item 13</b>	Attach a copy of the Applicant's Statement of Financial Position/Balance Sheet together with any other document or statement detailing the breakdown of how the Applicant's capital is held in order to demonstrate compliance with By-law 27 of the Securities (General) By-laws, 2015.
<b>Item 14</b>	Please enter any additional information that may assist the establishment of the Applicant's qualification and suitability for registration

<b>Item 15</b>	Date the application. Include the signature of the Chief Executive Officer, or equivalent, and two directors of the Applicant. 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.
<b>Appendix 1</b>	To be completed by each Director of the Applicant.

Required Attachments:

1. Where this form is being submitted pursuant to an initial application:
  - a. A certified copy of the Applicant's Memorandum and Articles of Association or equivalent incorporation documents. These documents shall be certified by either a Notary Public or Commissioner of Affidavits. Alternatively, the Applicant may submit Certified Copies of the documents from the Companies Registrar.
  - b. A copy of the required financial statements.
  - c. A copy of the Applicant's business plan which must clearly describe the activities that the Applicant intends to conduct in securities.
2. Copy of the Applicant's written supervisory, internal controls and risk management policies and procedures.
3. Evidence of the Applicant's good standing with the Registrar of Companies (e.g. the latest annual return filed with the Companies Registry).
4. Evidence of the Applicant's registration with any other regulatory authority, if applicable.
5. A list of the directorships held by current directors of the Applicant.
6. An Appendix 1 for each Director of the Applicant.
7. The relevant application fee.

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Pursuant to section 56(1) of the Securities Act, 2012 and by-law 18, 19 and 20 of the  
Securities (General) By-Laws, 2015

#### 1. TYPE OF APPLICATION

Initial	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Re-instatement	<input type="checkbox"/>

#### 2. CATEGORY OF REGISTRATION

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

#### 3. NAME OF APPLICANT

Name of Applicant

#### 4. CONTACT INFORMATION OF APPLICANT

Principal Business Address							
Work No.		ext.		Fax No.		ext.	
Website				Email Address			

## 5. DETAILS OF THE BOARD OF DIRECTORS

[illegible]

## 6. DETAILS OF REGISTERED REPRESENTATIVES

Name (First, Middle, Last)	Residential Address	Work (1-xxx-xxx-xxxx)	Mobile (1-xxx-xxx-xxxx)	Email Address

## 7. BANKING INFORMATION

Name of Bank	Branch	Account Number (s)

## 8. FINANCIAL YEAR END

Financial Year End (DD/MM)	
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## 9. MEMBERSHIP IN SELF-REGULATORY ORGANIZATION (All Jurisdictions)

Organization	Member Number	Year Joined

## 10. REGISTRATION AND DISCIPLINARY HISTORY

State whether the Applicant or any of the Applicant's affiliates have ever been registered or disciplined as indicated below. If "yes", please provide full details as an attachment to this Form:	Applicant		Affiliate	
	YES	NO	YES	NO
1. Has the Applicant or to the best of the Applicant's information and belief, any affiliate of the Applicant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Ever been the subject of an investigation conducted by a regulatory or criminal investigative body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ever been convicted under the laws of any country, excepting minor traffic offences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Applicant, or to the best of the Applicant's information and belief and any affiliated person or company of the Applicant been:				
a) Registered or licensed in any capacity in any other country which requires registration or licensing to deal or trade in securities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Registered or licensed in any other capacity in Trinidad and Tobago under any legislation which requires registration or licensing to deal with the public in any capacity? (E.g. as an insurance agent, real estate agent, private investigator, mortgage broker, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Refused registration or a licence mentioned in 2 (a) or (b) above or has any registration or licence been suspended or cancelled in any category mentioned in 2 (a) or (b) above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Denied the benefit of any exemption from registration provided by the Securities Industry Act, 1995 or Securities Act, 2012?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Is the Applicant, or to the best of the Applicant's information and belief and any affiliated person or company of the Applicant been:				
a) A member of any Stock Exchange, Investment Dealers Association, Investment Bankers, or similar organization, in any country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applicant		Affiliate	
	YES	NO	YES	NO
b) Refused membership in any Stock Exchange, Investment Dealers Association, Investment Bankers, or similar organization, in any country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Suspended as a member of any Stock Exchange, Investment Dealers Association, Investment Bankers, or similar organization, in any country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Disqualified as a member of any Stock Exchange Investment Dealers Association, Investment Bankers, or similar organization in any country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Applicant, or to the best of the Applicant's information and belief, any affiliate of the Applicant, operated under, or carried on business under, any name other than the name shown in this application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTION: <i>Question 5(a) refers to ALL Laws (e.g. Criminal, Customs, Liquor, etc.) of any state or country, in any part of the world. You are not required to disclose any convictions for which a pardon has been granted, and which pardon has not been revoked</i>				
5. Has the Applicant, or to the best of the Applicant's information and belief, any affiliate of the Applicant:				
a) Any outstanding charge(s) or indictment(s) against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ever been the defendant or respondent in any proceedings in civil court in any jurisdiction in any part of the world wherein a claim involving fraud or dishonesty was brought against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) At any time been declared bankrupt, or made a voluntary assignment in bankruptcy? (If "Yes", give particulars and also attach a certified copy of discharge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ever been refused a fidelity / surety bond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ever been barred from operating within the financial or securities industry of Trinidad and Tobago or elsewhere by the Commission, other regulatory body or court of law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### 11. CONTACT INFORMATION OF DESIGNATED OFFICER

(Attach a copy of a valid government issued identification)

First Name	Last Name	Job Title		
Residential Address				
Home Phone	Work Phone	Ext.	Mobile	Email Address

### 12. LIST OF SUBSTANTIAL SHARE HOLDERS

Name (First Name Middle Name Last Name)	Residential Address	Home Phone (1-xxx- xxx-xxxx)	Work Phone (1-xxx- xxx-xxxx) ext. (xxxx)	Mobile Phone (1-xxx- xxx- xxxx)	Amount of shares held

### 13. CAPITALIZATION

As an attachment to this Form, please confirm the Applicant's levels of capital and regulatory capital as at the date of the application or the most recently completed month for which financial statements are available. (See instructions)

#### 14. ADDITIONAL INFORMATION

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

#### 15. 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**

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**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) \_\_\_\_\_



## FORM 2A – APPENDIX I

Pursuant to section 56(1) of the Securities Act, 2012 and by-laws 18, 19 and 20 of the Securities (General) By-Laws, 2015

**PLEASE NOTE: FORM 2A is NULL and VOID without Appendix 1.**

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### 1. NAME OF DIRECTOR

Name of Director

### 2. CONTACT DETAILS OF DIRECTOR

Residential Address	
Home Phone (1-xxx-xxx-xxxx)	
Work Phone (1-xxx-xxx-xxxx)	
Fax Phone (1-xxx-xxx-xxxx)	
Mobile Phone (1-xxx-xxx-xxxx)	
Email Address	

### 3. REGISTRATION AND DISCIPLINARY HISTORY

State whether the Director has ever been registered or disciplined as indicated below. If your response is "yes", please provide full details as an attachment to this Appendix:

	YES	NO
1. Has the Director or to the best of the Director's information and belief:		
a) Been registered in any capacity under the Securities Industry Act, 1995 or the Securities Act, 2012?	<input type="checkbox"/>	<input type="checkbox"/>
b) Applied for registration, in any capacity, under the Securities Industry Act, 1995 or the Securities Act, 2012?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Director, or to the best of the Director's information and belief been:		

	YES	NO
a) Registered or licensed in any capacity in any other country which requires registration or licensing to deal or trade in securities?	<input type="checkbox"/>	<input type="checkbox"/>
b) Registered or licensed in any other capacity in Trinidad and Tobago under any legislation which requires registration or licensing to deal with the public in any capacity? (E.g. as an insurance agent, real estate agent, private investigator, mortgage broker, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
c) Refused registration or a licence mentioned in 1(a) or (b) above or has any registration or licence been suspended or cancelled in any category mentioned in 1(a) or (b) above?	<input type="checkbox"/>	<input type="checkbox"/>
d) Denied the benefit of any exemption from registration provided by the Securities Industry Act, 1995 or the Securities Act, 2012?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Director, or to the best of the Director's information and belief, been associated with company(ies) that have been:		
a) A member of any Stock Exchange, Investment Dealers Association, Investment Bankers Association, or similar organization, in any country?	<input type="checkbox"/>	<input type="checkbox"/>
b) Refused membership in any Stock Exchange, Investment Dealers Association, Investment Bankers Association, or similar organization in any country?	<input type="checkbox"/>	<input type="checkbox"/>
c) Suspended as a member of any Stock Exchange, Investment Dealers Association, Investment Bankers Association, or similar organization, in any country?	<input type="checkbox"/>	<input type="checkbox"/>
d) Disqualified as a member of any Stock Exchange, Investment Dealers Association, Investment Bankers Association, or similar organization, in any country?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Director used any name other than the name shown in this application? If "Yes" please specify in the space provided below	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTION: <i>Question 5 refers to all Laws (e.g. Criminal, Customs, Liquor, etc.) of any state or country, in any part of the world. You are not required to disclose any convictions for which a pardon has been granted, and which pardon has not been revoked</i>		
5. Has the Director, or to the best of the Director's information and belief:		
a) Ever been the subject of an investigation conducted by a regulatory or criminal investigative body?	<input type="checkbox"/>	<input type="checkbox"/>
b) Ever been convicted under the laws of any country, excepting minor traffic offences?	<input type="checkbox"/>	<input type="checkbox"/>
c) Ever had or currently has any outstanding charge or indictment against him?	<input type="checkbox"/>	<input type="checkbox"/>
d) Ever been the defendant or respondent in any proceedings in any civil court in any jurisdiction in any part of the world wherein a	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
claim involving fraud or dishonesty was brought against them?		
e) Ever been declared bankrupt, or made a voluntary assignment in bankruptcy? (If "Yes", give particulars and also attach a certified copy of discharge)	<input type="checkbox"/>	<input type="checkbox"/>
f) Ever been refused a fidelity / surety bond?	<input type="checkbox"/>	<input type="checkbox"/>
g) Ever been barred from operating within the financial or securities industry of Trinidad and Tobago or elsewhere by the Commission or other regulatory body or court of law?	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. 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.

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>



