

FORM 1

REGISTRATION AS A SELF REGULATORY ORGANIZATION

Pursuant to section 36(2) of the Securities Act, 2012 and by-law 15 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 by the Chief Executive Officer 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.</p> <p>Completed applications 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	Please mark "x" by the relevant checkbox to indicate the type of registration being sought. I.e. initial registration, renewal, or reinstatement
Item 2	State whether the applicant is applying for registration as a securities exchange; clearing agency; association of market actors; or other. If other please provide further particulars with respect to the type of activities that the applicant intends to conduct.
Item 3	State exact name as specified in the Applicant's constituting or organizational documents.
Item 4	State the jurisdiction in which the applicant is incorporated.
Item 5	State the applicant's principal business address, website, telephone numbers, email addresses and fax numbers.

Item 6	If an initial registration, provide a brief description of the Applicant's operational capabilities, including, but not limited to, its trading system, clearing and settlement system, security, communication and market surveillance systems.
Item 7	If an initial registration, provide a summary of the Applicant's rules for the governance of its members and attach a copy of the Applicant's: <ol style="list-style-type: none"> 1. written supervisory, internal controls and risk management policies and procedures. 2. rules or proposed rules relating to membership, listing trading and clearing and settlement
Item 8	Provide a list of the names, addresses and full contact details of all members of the Board of Directors of the Applicant
Item 9	State whether the Applicant has ever been disciplined. 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.
Item 10	Please state the full name and job title of the Designated Officer. Also, provide a copy of a valid government issued identification and full contact details of such person. Full contact details shall include the home address, mobile, work and home phone numbers as well as email addresses.
Item 11	Please enter any additional information that may assist the establishment of the applicant's qualification and suitability for registration
Item 12	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.
Appendix 1	Each director shall complete and sign Appendix 1 to this form, where applicable.

Required Attachments:

1. *If an initial registration*, a copy of the Applicant's written supervisory, internal controls and risk management policies and procedures.
2. *If an initial registration*, a copy of the Applicant's rules or proposed rules relating to membership, listing trading and clearing and settlement.

3. *If an initial* registration, a certified copy of the Applicant's Memorandum and Articles of Association or equivalent incorporation documents.
4. A list of the directorships held by current directors of the applicant.
5. Copies of the financial statements for the most recently completed financial year end
6. The relevant application fee.

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By-Laws, 2013

1. TYPE OF APPLICATION

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

2. TYPE OF BUSINESS ACTIVITIES

Securities Exchange	<input type="checkbox"/>	Clearing Agency	<input type="checkbox"/>	Association of Market Actors	<input type="checkbox"/>	Other	<input type="checkbox"/>
If "other", please specify							

3. NAME OF APPLICANT

Name of Applicant

4. JURISDICTION OF INCORPORATION

Jurisdiction of Incorporation

5. APPLICANT CONTACT INFORMATION

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

6. CAPACITY AND RESOURCES – Please complete this item Only if this is an INITIAL registration

Provide a brief description of the Applicant's operational capabilities in respect of each of the items listed in the table below and describe whether the Applicant has adequate capacity and resources to carry on its proposed business and business activities, and provide supporting evidence

Trading System	
Clearing and Settlement Systems	
Security	
Communication	
Market Surveillance Systems	
Describe the capacity and resources you possess to carry on your activities, where applicable provide supporting documents	

7. MEMBERS RULES

If an initial application, provide a summary of the Applicant's rules for governance of its members. Where available attach a copy of the Applicant's full rules or proposed rules

9. DISCIPLINARY HISTORY

State whether the Applicant has ever been disciplined as indicated below. If "yes", please provide full details as an attachment to this Form:

	YES	NO
Has the Applicant or to the best of the Applicant's information and belief, has any affiliate of the Applicant:	<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"/>
b) Ever been convicted under the laws of any country, excepting minor traffic offences?	<input type="checkbox"/>	<input type="checkbox"/>
c) Currently has an outstanding charge or indictment against the affiliate?	<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 where an act involving fraud or dishonest was alleged?	<input type="checkbox"/>	<input type="checkbox"/>
e) At any time declared bankruptcy, or made voluntary assignment in bankruptcy? (If "yes", give particulars and also attach 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 securities industry of Trinidad and Tobago or elsewhere by the Commission, other regulatory body or court of law?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to ANY of the questions, listed in this section, please provide full details as an attachment to this form

10. CONTACT INFORMATION FOR DESIGNATED OFFICER

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

11. ADDITIONAL INFORMATION

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

12. DATE, CERTIFICATE AND SIGNATURE

I hereby certify that the statement and information in this form 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 and agree 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
_____	_____	_____
Date	Date	Date

End of Form

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) _____

FORM 1 – Appendix I

REGISTRATION AS A SELF REGULATORY ORGANIZATION

Pursuant to section 36(2) of the Securities Act, 2012 and by-law 15 of the Securities (General) By-Laws, 2013

PLEASE NOTE: FORM 1 will be considered NULL and VOID unless it includes Appendix 1. Appendix 1 must be completed by all directors.

1. NAME OF DIRECTOR

Name of Director

2. CONTACT DETAILS OF DIRECTORS

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:		
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"/>

	YES	NO
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 is any affiliate of the director, now, or has any such person or company been:	<input type="checkbox"/>	<input type="checkbox"/>
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, or to the best of the Director's information and belief, operated under, or carried on business under, any name other than the name shown in this application?	<input type="checkbox"/>	<input type="checkbox"/>
<i>INSTRUCTION: 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) An 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 an act involving fraud or dishonest was alleged?	<input type="checkbox"/>	<input type="checkbox"/>
e) At any time declared bankruptcy, 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 in this form 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

End of Form