

PROFILE OF SIGNIFICANT DIRECT OR INDIRECT CORPORATE SHAREHOLDERS OF COMPANIES LICENSED, OR APPLYING TO BE LICENSED UNDER THE CREDIT REPORTING ACT, 2010

1. Name of Company: _____

2. Date of Incorporation: _____

3. Country of Incorporation: _____

4. Address of Registered Office: _____

5. If incorporation in Jamaica, give Company Registration Number:

6. If incorporation outside Jamaica, give relevant corporate registration number:

7. Nature of Business (give full details):

8. Capital:

(a) Paid-up: _____

(b) Type of Capital/Shares: _____

9. (a) Shareholders of the company holding 10% or more of total shares or controlling 10% or more of voting power:

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Type & No. of Shares</u>	<u>% Shareholding/ % Voting Power</u>
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(b) Are any of the shares of the company mentioned in the answer to 8 (a) above equitably or legally charged or pledged to any person (individual, corporation, partnership or business undertaking)? _____

If yes, please give particulars (i.e. date, amount and percentage value, pledge, terms and conditions etc)

(c) Are any shares mentioned at 8 (a) held under a trust arrangement? If so, give full particulars of the beneficiaries of that trust

10. Directors of the Company

Name

Occupation

Address

11. Auditors

(a) Name and Address of Auditors: _____

(b) Date of Original appointment: _____

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12. If the entity is a subsidiary of another company, give the name, address and nature of business of the immediate Parent Company as well as all Holding Companies of the Parent Company and full particulars of the respective ownership structures.

<u>Name of Company</u>	<u>Address</u>	<u>Relationship to Entity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. The latest Audited Accounts of the entity, should be submitted along with this completed questionnaire.

14. Name and Designation of Principal Officer Signing:

Name: _____

Designation: _____

I _____ declare that the answers to the above questions are true.

Signature of Principal Officer

Date: _____

(Affix Stamp or Seal of Company)

Note:

In cases where space provided on the Questionnaire is insufficient, additional sheets should be used to give full and complete information.