FORM NO. 27

Application for Removal of Reporting Issuers or Collective Investment Schemes from the Register of the Commission

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 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 authorised senior officer whose proof of authorisation must be submitted with this form. Completed Forms should be submitted to: The Director Disclosure Registration and Corporate Finance Trinidad and Tobago Securities and Exchange Commission Levels 22-23, Tower D International Waterfront Centre 1 Wrightson Road Port of Spain, Trinidad
Item 1	State the name of the Reporting Issuer or Collective Investment Scheme that is seeking de-registration.
Item 2	Please mark "x" by the relevant checkbox to indicate the manner in which the applicant is incorporated or organized and whether the applicant is a local or foreign entity. If the applicant is a foreign entity please state the jurisdiction in which it is incorporated or organized.
Item 3	State the date of the applicant's incorporation or organization.
Item 4	State the applicant's principal business address, website, telephone numbers, email addresses and fax numbers.
Item 5	If the Applicant is not incorporated or organized in Trinidad and Tobago, state the Applicant's address for Service of Process in Trinidad and Tobago, as well as its telephone and fax numbers.
Item 6	Please mark "x" by the relevant checkbox to indicate the type(s) of registration the applicant holds with the Commission and state the effective date of the registration(s).
Item 7	State the name of and provide contact information for the Designated Officer of the Applicant. Where the Applicant is an issuer which is a Collective Investment Scheme organized in Trust form, provide the full name and job title of a person in the Trustee's employ who shall be the primary contact with the Commission with respect to the Collective Investment Scheme.

Item 8	Please mark "x" in the relevant checkboxes to indicate what type of securities the Applicant has issued and whether these securities were registered with the Commission. For each type of security that the Applicant has issued, please confirm whether those securities have been repaid, repurchased, cancelled, matured or remain outstanding.
Item 9	***This item is only applicable to Applicants that are Collective Investment Schemes with multiple Sub-Funds.*** Please state the name of the Sub-Funds in respect of which de-registration is being sought.
Item 10	Please mark "x" in the relevant checkboxes to respond either "Yes" or "No" to each question. If your response is "Yes", please provide full details with respect to that question.
Item 11	Please provide any additional information which may be used to establish the Applicant's qualification and suitability for de-registration.
Item 12	Date the form. Where the applicant is: • constituted in corporate form, include the signature of 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. • constituted in Trust form, include the signature of the Trustee or a person duly authorized by the Trustee to sign the Form.

FORM NO. 27

Application for Removal of Reporting Issuers or Collective Investment Schemes from the Register of the Commission

1. NAME OF REPORTING ISSUER/CIS

Name of Applicant/Reporting Issuer/CIS

2. COMPANY PROFILE

Form of Incorporation or Organisation	
Publicly Owned Company	☐
Privately Owned Company	☐
State Owned Entity	☐
Collective Investment Scheme constituted in Trust Form	☐
Jurisdiction of Incorporation or Organization	
Local	☐
Foreign	☐
If "Foreign" above, please Specify below:	

3. DATE OF INCORPORATION OR ORGANIZATION

Date of Incorporation or Organization (dd/mmm/yyyy)	

4. CONTACT INFORMATION FOR APPLICANT

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

5. ADDRESS OF APPLICANT FOR SERVICE OF PROCESS

Applicable if the applicant is NOT incorporated in Trinidad and Tobago

Local Business Address			
Work Phone (1-xxx-xxx-xxxx)		Fax Phone (1-xxx-xxx-xxxx)	

6. CATEGORY OF REGISTRATIONS HELD

Type of Registration		Date of Registration
Broker Dealer	☐	
Investment Adviser (only)	☐	
Underwriter	☐	
Reporting Issuer	☐	

7. DESIGNATED OFFICER INFORMATION

Name (First Name, Middle Name, Last Name)	
Position in Organization	
Residential Address	
Home Phone (1-xxx-xxx-xxxx)	
Work Phone (1-xxx-xxx-xxxx)	
Mobile Phone (1-xxx-xxx-xxxx)	
Email Address	

8. DETAILS OF SECURITIES DISTRIBUTED BY APPLICANT

Type of Security	Issued by Applicant?	Registered with the Commission?	Status of Security(ies)
Equity	☐	☐	
Debt	☐	☐	
CIS	☐	☐	
Other	☐	☐	

9. NAME OF SUB-FUNDS TO BE DE-REGISTERED

Only applicable to Collective Investment Schemes with multiple Sub-Funds

Name of Sub-Funds to be De-Registered

10. REGISTRATION AND DISCIPLINARY HISTORY

Please answer the following questions in relation to the Applicant/Reporting Issuer/CIS. If your response is "yes" to any question, please provide full details in the space provided or as an attachment to this Form:

	Yes	No	Details
a) Is the Applicant/Reporting Issuer/CIS a respondent in any pending enforcement action being taken by the Commission?	☐	☐	
b) Is the Applicant/Reporting Issuer/CIS in default of any of its continuous disclosure obligations under the Securities Act 2012?	☐	☐	
c) Does the Applicant/Reporting Issuer/CIS have any outstanding registration, market access or other filing fees which are due to the Commission?	☐	☐	

11. OTHER INFORMATION

Please provide any additional information required to establish the Applicant's/Reporting Issuer's qualification and suitability for de-registration

12. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statements 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.

<<*Signature*>>	<<*Signature*>>	<<*Signature*>>
<<*Name*>>	<<*Name*>>	<<*Name*>>
<<*Position*>>	<<*Position*>>	<<*Position*>>
Date:	Date:	Date: