

**FORM 7**

**REGISTRATION OF A BRANCH OFFICE**

**BROKER-DEALER, INVESTMENT ADVISER OR UNDERWRITER (CORPORATE-FORM ONLY)**

**Pursuant to section 56(6) of the Securities Act, 2012 and By-law 46 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>	Please mark "x" by the relevant checkbox ( e.g.) to indicate the type of activities to be conducted at the Branch Office.
<b>Item 2</b>	State the registered name of the parent registrant and/or the proposed name of the Branch Office, if different.
<b>Item 3</b>	State the Registrant's principal business address, website, telephone numbers, email addresses and fax numbers.
<b>Item 4</b>	State the Branch Office's address, telephone numbers and fax numbers.
<b>Item 5</b>	Provide an attachment with details of all business of a financial or securities nature to be performed within the compound of the Branch Office

	If activities other than securities business are to be performed, give details as to the controls to be implemented with respect to the separation of business lines.
<b>Item 6</b>	Provide a list of the names and contact details of those persons who have been registered as registered representatives for the purpose of the discharge of the applicant's securities business at the Branch Office.
<b>Item 7</b>	<p>Please state whether the Branch Office would be ascribing to the written supervisory, internal controls and risk management policies and procedures of the parent firm.</p> <p>If not, provide a copy of the applicable written supervisory, internal controls and risk management policies and procedures for the Branch Office.</p>
<b>Item 8</b>	Date the application. Include the signature of the Chief Executive Officer and two directors of the Registrant. 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.

**Required Attachments:**

1. A copy of the Applicant's written supervisory, internal controls and risk management policies and procedures, if these are different from the parent registrant.

**FORM 7**

**REGISTRATION OF A BRANCH OFFICE**

**BROKER-DEALER, INVESTMENT ADVISER OR UNDERWRITER (CORPORATE-FORM ONLY)**

**Pursuant to section 56(6) of the Securities Act, 2012 and By-law 46 of the Securities (General) By-Laws, 2015**

**1. CATEGORY OF REGISTRATION**

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

**2. NAME OF PARENT REGISTRANT & PROPOSED NAME OF BRANCH OFFICE**

Name of Parent Registrant	
Proposed Name of Branch Office (if different than above)	

**3. REGISTRANT'S INFORMATION**

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

**4. BRANCH OFFICE INFORMATION**

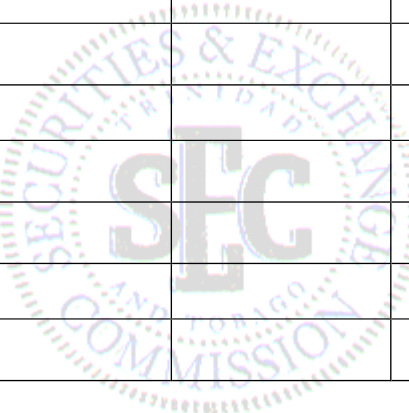
Intended Address of new branch			
Work Phone (1-xxx-xxx-xxxx)		Fax Phone (1-xxx-xxx-xxxx)	
Email Address			

5. ACTIVITIES AT BRANCH OFFICE

See General Instructions

6. DETAILS OF REGISTERED REPRESENTATIVES AT BRANCH OFFICE

Name (First Name Last Name)	Position in Organization	Work Phone (1-xxx-xxx-xxxx)	Fax Phone (1-xxx-xxx-xxxx)	Email Address



7. APPLICABLE POLICIES AND PROCEDURES

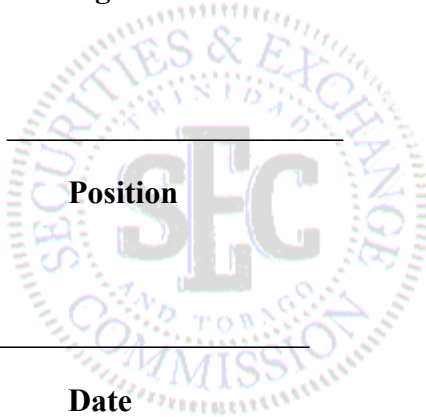
	Yes	No
Would the proposed branch office be ascribing to the written supervisory, internal controls and risk management policies and procedures of the parent firm?	<input type="checkbox"/>	<input type="checkbox"/>

If "No," provide these policies as an attachment to this form.

8. 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>Print Name</b>	<b>Print Name</b>
_____	_____	_____
<b>Signature</b>	<b>Signature</b>	<b>Signature</b>
_____	_____	_____
<b>Position</b>	<b>Position</b>	<b>Position</b>
_____	_____	_____
<b>Date</b>	<b>Date</b>	<b>Date</b>



**FOR OFFICIAL USE ONLY**

<b>Tool</b>	<b>ID Information</b>
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_