

FORM 9

DISTRIBUTION STATEMENT

Pursuant to section 62(2) of the Securities Act, 2012 and By-law 26 of the Securities (General) By-Laws, 2015

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>Completed applications should be submitted to:</p> <p style="text-align: center;">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	State exact name of the Issuer as specified in the Issuer's constituting or organizational documents.
Item 2	State the Issuer's principal business address, website, telephone numbers, email addresses and fax numbers in its jurisdiction of incorporation.
Item 3	If the issuer is not incorporated or organised in Trinidad and Tobago, state the Issuer's address for service of process in Trinidad and Tobago as well as telephone and fax numbers.
Item 4	Provide the contact information for the person responsible for filing this statement. If this person is a company, this information should be provided for an individual in that company's employ who is knowledgeable about the proposed distribution.
Item 5	Provide brief details of the purpose of the distribution.
Item 6	State the following dates in respect of the proposed distribution: 1. the proposed opening and closing dates of the distribution;

	<p>2. the proposed date for the allotment of securities; and</p> <p>3. the proposed date of listing of the securities on a securities exchange (if applicable).</p>
Item 7	<p>Mark "x" by the relevant checkbox to indicate the type of security being registered.</p> <p>In the space provided or in an attachment, provide a description of the security to be distributed, including but not limited to:</p> <ul style="list-style-type: none"> (a) the number and type of securities to be distributed; (b) the classes of securities and rights attaching to the securities regarding voting, dividends, liquidation, conversion or exchange rights and any special rights; (c) the estimated net proceeds to be derived from the securities to be distributed or the price at which the securities will be distributed. (d) if debt securities are being distributed at premium or discount, the effective yield if held to maturity; and (e) the terms and conditions for each class of securities of the issuer where there is, or is to be, more than one class of securities in this issue.
Item 8	<p>Provide name, address and contact information for all service providers for the distribution. In addition to contact information for the service providers, include:</p> <ul style="list-style-type: none"> (a) The functions performed by the service provider in respect of the security that was distributed e.g. broker-dealer, underwriter, trustee, paying agent, registrar etc; and (b) Confirmation as to whether the service provider is registered in any capacity with the Commission.
Item 9	<p>Date the application. Include the signature of the Chief Executive Officer and two directors of the Issuer. Where the Chief Executive Officer is unavailable to sign</p>

	the form, the form should be signed by any other duly authorized senior officer whose proof of authorization must be submitted with this form.
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Required Attachments:

1. Copies of all legal documents constituting the security to be distributed.
2. Copies of the prospectus or other offering documents which will be used to distribute the security.



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1. NAME OF ISSUER

Name of Issuer

2. ISSUER CONTACT INFORMATION (in the jurisdiction of incorporation)

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

3. ADDRESS FOR SERVICE OF PROCESS

Applicable if the Issuer is NOT incorporated or Organized in Trinidad and Tobago

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

4. CONTACT INFORMATION OF PERSON RESPONSIBLE FOR FILING THIS STATEMENT

Name (Salutation, First, Last)	
Position in Organization	
Residential Address	
Work Phone (1-xxx-xxx-xxxx)	
Fax Phone(1-xxx-xxx-xxxx)	
Mobile Phone (1-xxx-xxx-xxxx)	

Relationship to Issuer	
Principle place of business of the Filing Person	

5. PURPOSE OF THE DISTRIBUTION

State the purpose of the distribution

6. DETAILS OF THE DISTRIBUTION

Proposed Opening date of distribution (dd/mm/yyyy)	
Proposed Closing date of distribution (dd/mm/yyyy)	
Proposed date for allotment of securities (dd/mm/yyyy)	
Proposed date of listing securities on the securities exchange (if applicable)	

7. DETAILS OF SECURITIES TO BE DISTRIBUTED

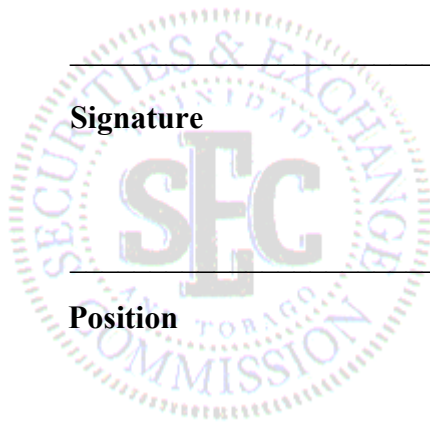
Equity	<input type="checkbox"/>
Debt	<input type="checkbox"/>
CIS	<input type="checkbox"/>
Other	<input type="checkbox"/>
If "Other" please specify below:	
Description of Security to be distributed:	

See General Instructions

9. 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	Print Name
Signature	Signature	Signature
Position	Position	Position
Date	Date	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) _____