

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, 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="padding-left: 40px;">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</p>
Item 1	Please mark “x” by the relevant checkbox to indicate the type of registration being sought. I.e. initial registration, renewal, or re-instatement.
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, telephone numbers, fax numbers, website and email addresses.
Item 6	State the Applicant's financial year end.

<p>Item 7</p>	<p>If an initial registration, provide a brief description and supporting evidence of the Applicant's:</p> <ul style="list-style-type: none"> i. Operational capabilities, including, but not limited to, its trading system, clearing and settlement system, security system, communication system and market surveillance systems; and ii. Capacity and resources to carry on its proposed business activities. <p>Supporting evidence would include but is not limited to a business plan and maintenance contracts for any and all systems.</p>
<p>Item 8</p>	<p>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:</p> <ul style="list-style-type: none"> i. Written supervisory, internal controls and risk management policies and procedures; and ii. Rules or proposed rules relating to membership, listing, trading and clearing and settlement.
<p>Item 9</p>	<p>Provide a list of the names, full contact and other details of all members of the Board of Directors of the Applicant.</p>
<p>Item 10</p>	<p>Provide a list of the names, full contact and other details of all Senior Officers of the Applicant.</p>
<p>Item 11</p>	<p>State whether the Applicant or any affiliate of 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 <u>ALL</u> 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.</p>
<p>Item 12</p>	<p>Provide the name and job title of the Designated Person. Also, provide a copy of a valid Government issued identification and full contact and other details of such person.</p>
<p>Item 13</p>	<p>Provide any additional information that may assist the establishment of the Applicant's qualification and suitability for registration.</p>
<p>Item 14</p>	<p>Date the application. Include the signature of the Chief Executive Officer, or equivalent, and two directors of the Applicant. Where the Chief Executive Officer</p>

	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.

Required Attachments:

1. For an initial registration:
 - a. a copy of the Applicant's written supervisory, internal controls and risk management policies and procedures;
 - b. a copy of the Applicant's rules or proposed rules relating to membership, listing, trading and clearing and settlement;
 - c. a certified copy of the Applicant's Memorandum and Articles of Association or equivalent incorporation documents. These documents shall be certified by either a Notary Public or Commissioner of Affidavits. Alternatively, the Applicant may submit Certified Copies of the documents from the Companies Registrar; and
 - d. Supporting evidence of the Applicant's operational capabilities and its capacity as well as resources to conduct its activities.
2. A list of the directorships held by current directors of the Applicant in other companies.
3. Copies of the Applicant's financial statements for the most recently completed financial year.
4. An Appendix 1 for each Director of the Applicant.
5. The relevant application fee.

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1. TYPE OF APPLICATION

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

2. TYPE OF BUSINESS ACTIVITY

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. CONTACT INFORMATION OF APPLICANT

Principal Business Address							
Work Phone		Ext.		Fax Number		Ext.	
Website				Email Address			

6. FINANCIAL YEAR END

Financial Year End (DD/MM)	
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7. OPERATIONAL CAPABILITIES, CAPACITY AND RESOURCES – **To be completed for Initial Registration ONLY.**

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.

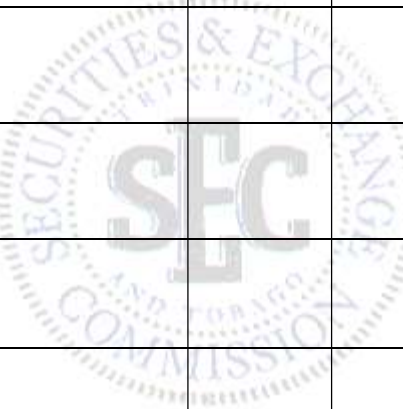
Trading System	
Clearing and Settlement Systems	
Security	
Communication	
Market Surveillance Systems	
Describe the capacity and resources you possess to carry on your activities. (Provide supporting documentation where applicable)	

8. MEMBERS RULES - **To be completed for Initial Registration ONLY.**

Provide a summary of the Applicant’s rules for the governance of its members. Where available attach a copy of the Applicant’s full rules or proposed rules.

10. DETAILS OF SENIOR OFFICERS

Name (First, Middle, Last)	Residential Address	Work Phone (Ext.)	Home Phone	Mobile Phone	Email Address	Date of Birth	Nationality	Type of ID	ID Number	Country of Issue	Job Title	Date of Appointment as a Senior Officer



11. REGISTRATION AND DISCIPLINARY HISTORY

State whether the Applicant or any of the Applicant's affiliates have ever been disciplined as indicated below. If "yes", please provide full details as an attachment to this Form.	Applicant		Affiliate	
	YES	NO	YES	NO
Has the Applicant or to the best of the Applicant's information and belief, has any affiliate of the Applicant:				
a) Ever been the subject of an investigation conducted by a regulatory or criminal investigative body?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ever had or currently has any outstanding charge or indictment against it?	<input type="checkbox"/>	<input type="checkbox"/>	<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 a claim involving fraud or dishonesty was brought against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) At any time, has been declared bankrupt, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ever been refused a fidelity/ surety bond?	<input type="checkbox"/>	<input type="checkbox"/>	<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, any other regulatory body or court of law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. DETAILS OF DESIGNATED PERSON

(Attach a copy of a valid Government issued identification)

Name (First, Middle, Last)			Job Title	
Business Address			Date of Appointment	
Work Phone	Ext.	Home Phone	Mobile Phone	
Email Address		Date of Birth		Nationality
Type of ID	ID Number		Country of Issue	

13. ADDITIONAL INFORMATION

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

14. DATE, CERTIFICATION AND SIGNATURE

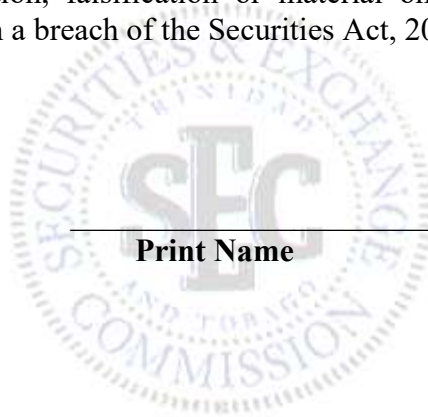
I/We hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my/our knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I/We understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

Print Name

Signature

Position

Date



Print Name

Signature

Position

Date

Print Name

Signature

Position

Date

End of Form

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) _____



FORM 1 – APPENDIX I

(Must be completed by each Director)

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, 2015**

PLEASE NOTE: FORM 1 is NULL and VOID without Appendix 1.

1. NAME OF DIRECTOR

Name of Director

2. CONTACT DETAILS OF DIRECTOR

Residential Address	
Work Phone (1-xxx-xxx-xxxx)	
Home Phone (1-xxx-xxx-xxxx)	
Mobile Phone (1-xxx-xxx-xxxx)	
Fax Number (1-xxx-xxx-xxxx)	
Email Address	

3. REGISTRATION AND DISCIPLINARY HISTORY OF DIRECTORS

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, to the best of the Director’s knowledge, 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"/>

	YES	NO
2. Has the Director, to the best of the Director's knowledge, 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"/>
c) Refused registration or a licence mentioned in 1 (a) or (b) or 2 (a) or (b) above or has any registration or licence been suspended or cancelled in any category mentioned in 1 (a) or (b) or 2 (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, to the best of the Director's knowledge, information and belief, been associated with company(ies) that has or have been:		
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 used any name other than the name shown in this application? If "yes" please specify in the space provided below.	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTION: <i>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, to the best of the Director's knowledge, 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"/>

	YES	NO
c) Ever had or currently has any 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 a claim involving fraud or dishonesty was brought against him?	<input type="checkbox"/>	<input type="checkbox"/>
e) Ever been declared bankrupt, 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, any 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 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

Signature

Date

End of Form