

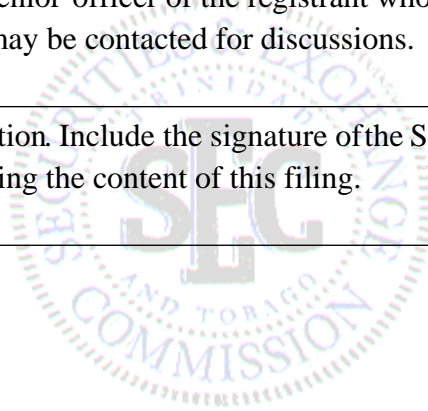
FORM 24

QUARTERLY CAPITAL REQUIREMENTS

Pursuant to Section By-Laws 27 and 28 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.</p> <p>Completed Forms should be submitted to:</p> <p>The Director Market Regulation and Surveillance Division Trinidad and Tobago Securities and Exchange Commission Levels 22 – 23, Tower D, International Waterfront Centre, 1 Wrightson Road, Port of Spain, Trinidad and Tobago</p>
Item 1	<p>State exact name as specified in the Registrant's national identification (in the case of an individual) or constituting or organizational documents and state the registrant's primary business address, telephone number, email address and fax number.</p>
Item 2	<p>Please mark "x" by the relevant checkbox to indicate the registrant's category or categories of registration.</p>
Item 3	<p>Please state the last day of the quarter being reported.</p>
Item 4	<p>Provide the required details for the registrant's Capitalization Levels. For Total Capital, include the value and sum of the following items: share capital, reserves, retained earnings and/or other, where applicable.</p> <p>For Total Regulatory Capital, include the value and sum of the following items : cash & cash equivalents held in a financial institution, money market accounts of a Collective Investment Scheme in Trinidad and Tobago, market value of</p>

	securities of the Government of the Republic of Trinidad and Tobago and assets held in such form as approved by the Commission, where applicable.
Item 5	Attach a copy of the registrant's Statement of Financial Position/ Balance Sheet for the financial quarter being reported, together with any other document or statement detailing the breakdown of how the registrant's capital is held in order to demonstrate compliance with By-Law 27 of the Securities (General) By-laws, 2015.
Item 6	Provide attachments, where applicable, detailing any additions to or withdrawals from equity capital during the quarterly period being reported. If there were no additions or withdrawals, please indicate same.
Item 7	State the name, position in the organisation, business telephone number and email address of the senior officer of the registrant who is knowledgeable about this filing and who may be contacted for discussions.
Item 8	Date the application. Include the signature of the Senior Officer identified in Item 7, who is certifying the content of this filing.



FORM 24

QUARTERLY CAPITAL REQUIREMENTS

Pursuant to section By-Laws 27 and 28 of the Securities (General) By-Laws, 2015

1. NAME OF REGISTRANT AND CONTACT DETAILS OF REGISTRANT

Name of Registrant

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

2. CATEGORY OF REGISTRATION

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

3. REPORTING PERIOD

State the last day of the quarter being reported

4. CAPITALIZATION LEVELS

All values should be stated in Trinidad and Tobago dollars.	
	\$
Share Capital	
Reserves	
Retained Earnings	
Other	
TOTAL CAPITAL	
Regulatory Capital:	\$
Cash & Cash Equivalents held in a Financial Institution	
Money Market Accounts of a Collective Investment Scheme in Trinidad and Tobago	

Market Value of securities of the Government of the Republic of Trinidad and Tobago	
Assets held in such form as approved by the Commission	
TOTAL REGULATORY CAPITAL	

5. ATTACH A COPY OF THE APPLICANT'S STATEMENT OF FINANCIAL POSITION/BALANCE SHEET

See General Instructions

6. PROVIDE DETAILS OF ANY ADDITIONS TO OR WITHDRAWALS FROM EQUITY CAPITAL DURING THE QUARTERLY PERIOD

See General Instructions

7. DETAILS OF SENIOR OFFICER

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

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.

Print Name **Signature** **Position** **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) _____

