

FORM 7

REGISTRATION OF A BRANCH OFFICE

Pursuant to Section 56(6) of the Securities Act, 2012 and By-law 46 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, or renewal.
Item 2	State the registered name, principal business address, telephone numbers, fax numbers, website, email addresses and categories of registration of the parent registrant.
Item 3	State the Branch Office’s name, address, telephone numbers, fax numbers and email addresses.
Item 4	Please mark “x” by the relevant checkbox to indicate the categories of business to be conducted at the Branch Office.
Item 5	Please mark “x” by the relevant checkbox to indicate the business activities to be conducted at the Branch Office. If other, please provide further particulars with respect to the type of activities or services (i.e. financial, securities or other) that is to be conducted at 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.
Item 6	Provide a list of the names, contact details and categories of registration 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.
Item 7	<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 registrant.</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>
Item 8	Date the application. Include the signature of the Chief Executive Officer, or equivalent, 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.

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1. TYPE OF APPLICATION

Initial	<input type="checkbox"/>
Renewal	<input type="checkbox"/>

2. PARENT REGISTRANT INFORMATION

Name of Parent Registrant			
Primary Business Address			
Work Phone (1-xxx-xxx-xxxx)		Fax Number (1-xxx-xxx-xxxx)	
Website Address		Email Address	

Categories of Registration:	
Broker-Dealer as Principal	<input type="checkbox"/>
Broker-Dealer as Agent	<input type="checkbox"/>
Investment Adviser (only)	<input type="checkbox"/>
Underwriter	<input type="checkbox"/>

3. BRANCH OFFICE INFORMATION

Branch Office Name			
Address of Branch Office			
Work Phone (1-xxx-xxx-xxxx)		Fax Number (1-xxx-xxx-xxxx)	
Email Address			

4. CATEGORY OF BUSINESS TO BE CONDUCTED AT BRANCH OFFICE

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

5. ACTIVITIES TO BE CONDUCTED AT THE BRANCH OFFICE

Execute trades on behalf of clients based on client instructions.	<input type="checkbox"/>
Trade on its own account as principal (e.g. maintenance of proprietary book).	<input type="checkbox"/>
Construct, structure or arrange the issuance of securities (e.g. private placements/limited offerings, structuring of securities transactions, asset backed securities).	<input type="checkbox"/>
Manage securities or a portfolio of securities belonging to another person (excluding CISs) in circumstances involving the exercise of discretion (e.g. private wealth manager).	<input type="checkbox"/>
Manage securities or a portfolio of securities belonging to a CIS.	<input type="checkbox"/>
Advise persons as to buying, selling or holding a security only but does not include the execution of the transaction.	<input type="checkbox"/>
Underwrite securities on a best efforts basis.	<input type="checkbox"/>
Underwrite securities on a firm commitment basis.	<input type="checkbox"/>
Other	<input type="checkbox"/>
If "Other", please specify below:	

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 registrant?	<input type="checkbox"/>	<input type="checkbox"/>

If “no,” provide these policies as an attachment to this form.

8. 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

Print Name

Print Name

Signature

Signature

Signature

Position

Position

Position

Date

Date

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) _____

