



FINANCIAL SERVICES
COMMISSION

*Securities Act
Cap. 318A*

FORM NO. 1

(Regulation 9)

**APPLICATION FOR REGISTRATION AS A SELF-REGULATORY
ORGANISATION**

(Pursuant to section 29(2) of the Securities Act.)

Initial Registration

Annual Registration

CONTACT INFORMATION

1. Name of the Applicant as specified in the constituent document:

2. Contact details of Applicant:

(a) Postal address:

(b) Principal address (if different from postal address):

(c) Website address:

(d) Email address:

(e) Telephone number:

FORM NO. 1 – Cont'd

(f) Fax number:

3. Name of Principal Executive Officer responsible for this Application:

COMPANY DETAILS

4. (a) Country of incorporation or organisation of the applicant:

(b) If incorporated in a country other Barbados, indicate whether the Applicant is registered in Barbados:

Yes No

(The constituent documents of the Applicant and any amendments thereto must accompany this application on initial registration)

5. Names and physical residential addresses of the Members of the Board of the Applicant:

(Further information may be provided on a separate sheet as an attachment)

6. Name and physical residential address of the Principal Executive Officer:

(Further information may be provided on a separate sheet as an attachment)

7. Names and physical residential addresses of the Senior Officers or Executives:

(Further information may be provided on a separate sheet as an attachment)

BUSINESS ACTIVITIES

8. Specify the type of business that the Applicant proposes to carry on:

FORM NO. 1 – Cont'd

9. Business Plan (Initial registration only)

Describe briefly the Applicant's resources, financial and otherwise to carry on the activity proposed and business activities. Provide supporting evidence, including evidence of the company's capitalisation (A detailed business plan should accompany this Application.) (Initial Registration only)

10. (a) Does the Applicant have Rules for the governance of its members?

Yes No

(b) Are the Rules in compliance with the requirements of the *Securities Act*?

Yes No

(A copy of the Rules of the Applicant must accompany this Application (initial registration only)

11. Auditor of the Applicant:

(a) Name:

(b) Postal and physical address:

12. Proposed date for commencing operations. *(Initial registration only.)*

dd/mm/yyyy

PREVIOUS REGISTRATION HISTORY

If the response is 'Yes' to questions 13 to 18, provide full details of that response including reasons for refusal of application or suspension or cancellation of registration, licensing or membership.

13. Has the Applicant or Director or a Senior Officer of the Applicant ever been registered with the Financial Services Commission? Yes No

14. Has the Applicant or Director or a Senior Officer of the Applicant ever been registered with any other similar regulatory organisation in another jurisdiction? Yes No

15. Has the Applicant or a Director or a Senior Officer of the Applicant ever been refused registration by the Financial Services Commission in any capacity, including as a market actor? Yes No

FORM NO. 1 – (Cont'd)

16. Has the Applicant or a Director or a Senior Officer of the Applicant ever been refused registration as a securities exchange or self-regulatory organisation in any jurisdiction?

Yes No

17. Has the Applicant or a Director or a Senior Officer of the Applicant ever been refused membership in any securities exchange or self-regulatory organisation in any jurisdiction, including any investment dealers association, investment bankers association or similar organisation?

Yes No

18. Has the Applicant or a Director or a Senior Officer of the Applicant ever had a registration as a market actor, securities exchange or self-regulatory organisation suspended or cancelled in any jurisdiction?

Yes No

ADDITIONAL INFORMATION

19. Include all such other information or documentation known to the Applicant required to support the responses contained within this Application.

CERTIFICATION AND SIGNATURE

20. Certification and Signature

This Application shall be signed by the Principal Executive Officer and two (2) Members of the Board of Directors.

We confirm that the information contained in this application and its attachments is true and complete and not misleading.

SIGN HERE: _____ PRINT NAME: _____

SIGN HERE: _____ PRINT NAME: _____

SIGN HERE: _____ PRINT NAME: _____

Date Received: _____