



# FORM 5A

READ INSTRUCTIONS BEFORE COMPLETING

**JAMAICA**  
**THE COMPANIES ACT**  
**NOTICE TO THE REGISTRAR OF COMPANIES OF RENEWAL OF IDENTIFICATION**

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS.

PUT "N/A" IN FIELDS THAT DO NOT APPLY

(Pursuant to section 377AD of the Companies Act of Jamaica)

1. NAME OF COMPANY

1A. COMPANY NUMBER

1B. COMPANY TAXPAYER  
REGISTRATION NUMBER

## 2. DETAILS OF PERSON THAT IDENTIFICATION RELATES TO

Please attach a certified copy of the renewed identification document. The copy must be certified to be a true copy of the original by a Justice of the Peace, Notary Public, Attorney-at-law, Commissioner of Oaths, Apostille, the Ambassador or Consul-General.

NAME OF PERSON THAT IDENTIFICATION RELATES TO:	NAME OF PERSON THAT IDENTIFICATION RELATES TO:	NAME OF PERSON THAT IDENTIFICATION RELATES TO:
<u>POSITION OF PERSON IN COMPANY:</u> Director Member / Shareholder Company Secretary Beneficial Owner Other _____	<u>POSITION OF PERSON IN COMPANY:</u> Director Member / Shareholder Company Secretary Beneficial Owner Other _____	<u>POSITION OF PERSON IN COMPANY:</u> Director Member / Shareholder Company Secretary Beneficial Owner Other _____
<u>TYPE OF IDENTIFICATION:</u> Passport Driver's License Other _____	<u>TYPE OF IDENTIFICATION:</u> Passport Driver's License Other _____	<u>TYPE OF IDENTIFICATION:</u> Passport Driver's License Other _____
<u>DATE OF ISSUE OF IDENTIFICATION:</u> (This refers to the date of issue of the identification document being filed with this form) _____ (dd/mm/yyyy)	<u>DATE OF ISSUE OF IDENTIFICATION:</u> (This refers to the date of issue of the identification document being filed with this form) _____ (dd/mm/yyyy)	<u>DATE OF ISSUE OF IDENTIFICATION:</u> (This refers to the date of issue of the identification document being filed with this form) _____ (dd/mm/yyyy)
<u>DATE OF EXPIRY OF IDENTIFICATION:</u> (This refers to the date of expiry of the identification document being filed with this form) _____ (dd/mm/yyyy)	<u>DATE OF EXPIRY OF IDENTIFICATION:</u> (This refers to the date of expiry of the identification document being filed with this form) _____ (dd/mm/yyyy)	<u>DATE OF EXPIRY OF IDENTIFICATION:</u> (This refers to the date of expiry of the identification document being filed with this form) _____ (dd/mm/yyyy)

## 3. DECLARATION

To the best of my knowledge, information, and belief, I hereby certify the contents of this form to be accurate.

DATE (dd/mm/yyyy)	PRINTED NAME	SIGNATURE	CONTACT #
CAPACITY:	DIRECTOR SECRETARY AUTHORISED OFFICIAL		



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## 4. FIELD BY INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:	STREET:		
	TOWN:		
	POST OFFICE:		
	PARISH		
E-MAIL ADDRESS:			
CONTACT NUMBER:			
FAX NUMBER:			

## 5. PARTICULARS OF PERSON GIVING THE NOTICE TO THE REGISTRAR OF COMPANIES

NAME		EMAIL ADDRESS OR TELEPHONE NUMBER	TAX REGISTRATION NUMBER (WHERE THERE IS NONE, USE OTHER GOVERNMENT ID NUMBER, VOTER'S ID NUMBER, PASSPORT NUMBER OR DRIVER'S LICENSE)
FIRST	LAST		

### **"FOR OFFICIAL USE ONLY"**

COMPANY NUMBER: \_\_\_\_\_

FIELD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year