



**THE JAMAICA CENTRAL SECURITIES DEPOSITORY**  
40 Harbour Street  
Kingston, Jamaica, W.I.

**LENDING INSTITUTION APPLICATION  
FOR COLLATERAL LOAN PROGRAM**

1. Name of Applicant: \_\_\_\_\_

2. Applicant's TRN: \_\_\_\_\_

3. Address:  
(a) Registered office: \_\_\_\_\_

\_\_\_\_\_

(b) Branch office: \_\_\_\_\_

\_\_\_\_\_

4. Mailing Address of Applicant:

\_\_\_\_\_

\_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. Name and telephone number(s) of person(s) to be contacted in connection with  
this Application:

\_\_\_\_\_

\_\_\_\_\_

**KEY APPOINTMENTS**

1. Names and dates of appointment of: Chairman / CEO and Managing Director.

\_\_\_\_\_

**AUTHORIZED SIGNATORIES**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**SIGNATURE**

**MEMBER OF WHAT GROUP**

\_\_\_\_ Association of License Financial Institution

\_\_\_\_ Co-operative Credit Union League

\_\_\_\_ Jamaica Banking Association

\_\_\_\_ LICA

**ORGANIZATION & HISTORY**

1. How long has the Applicant been in business? \_\_\_\_\_

**Note:** All sections of this questionnaire must be completed. If any section does not pertain to Applicant, please so indicate by inserting "Not Applicable" or "N/A." A Director and the Company Secretary should sign this form and the Company Seal affixed.

**DECLARATION**

We hereby declare that the above answers are correct to the best of our knowledge and belief. We authorize the JCSD by its staff or agents to conduct such examination of the affairs of the company, and predecessor entity or any prior employer of its principals as the JCSD may determine. The company agrees to abide by and be subject to the Articles and Memorandum of Association and Rules and Regulations of the Jamaica Central Securities Depository as they are now or as they shall be from time to time amended.

\_\_\_\_\_  
[COMPANY NAME]

Date: \_\_\_\_\_

By: \_\_\_\_\_

DIRECTOR'S SIGNATURE

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

SECRETARY'S SIGNATURE

Print Name: \_\_\_\_\_