



COMPANIES REGISTRY  
FORM 2B

**TURKS AND CAICOS ISLANDS  
COMPANIES ORDINANCE 2017**

**(SCHEDULE 1 – NO. 3)**

**APPLICATION FOR REGISTRATION BY EXISTING  
EXEMPTED COMPANY**

**COMPANY DETAILS**

EXISTING REGISTRATION  
NUMBER:

COMPANY NAME:

**PROPOSED REGISTERED AGENT DETAILS**

REGISTERED NAME:

REGISTERED OFFICE ADDRESS:

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

COUNTRY

TELEPHONE/FAX

E-MAIL

WILL THE COMPANY REGISTERED OFFICE BE AT THE REGISTERED OFFICE OF THE REGISTERED AGENT?  
YES  NO

REGISTERED OFFICE (IF DIFFERENT FROM THE REGISTERED OFFICE ADDRESS OF THE PROPOSED  
REGISTERED AGENT)

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

COUNTRY

### EXISTING ENTITY TYPE

- LIMITED BY SHARES
  - UNLIMITED – AUTHORISED TO HAVE A SHARE CAPITAL
  - UNLIMITED – NOT AUTHORISED TO HAVE A SHARE CAPITAL
  - LIMITED BY GUARANTEE – AUTHORISED TO HAVE A SHARE CAPITAL
  - LIMITED BY GUARANTEE – NOT AUTHORISED TO HAVE A SHARE CAPITAL
- IS THIS A LIMITED LIFE COMPANY?  YES  NO

### TYPE OF COMPANY PROPOSED UNDER THE COMPANIES ORDINANCE 2017

- LIMITED BY SHARES
- LIMITED BY GUARANTEE – NOT AUTHORISED TO ISSUE SHARES
- LIMITED BY GUARANTEE – AUTHORISED TO ISSUE SHARES
- UNLIMITED – AUTHORISED TO ISSUE SHARES
- UNLIMITED – NOT AUTHORISED TO ISSUE SHARES

### SHARE DETAILS

WHAT IS THE TOTAL NUMBER OF SHARES THE COMPANY IS AUTHORISED TO ISSUE?

INDICATE THE ARTICLE NUMBER WHICH STATES THE NUMBER OF SHARES THE COMPANY IS AUTHORISED TO ISSUE:

**INDICATE THE ARTICLE NUMBER WHICH STIPULATES COMPLIANCE WITH THE FOLLOWING SECTION OF SCHEDULE 1 OF THE ORDINANCE:**

SECTION OF SCHEDULE 1	ARTICLE #
3 (4) (A)	
3 (4) (B)	

**INDICATE THE ARTICLE NUMBER (IF APPLICABLE) WHICH STIPULATES COMPLIANCE WITH THE FOLLOWING SECTION OF THE ORDINANCE:**

SECTION OF ORDINANCE	ARTICLE #
7	
13 (1) (C)	
13 (1) (D)	
13 (4) (A)	
13 (4) (B)	

- DOES THIS COMPANY HOLD A LICENCE ISSUED BY THE FINANCIAL SERVICES COMMISSON?  YES  NO  
IF YES, PLEASE CONFIRM LICENCE(S) HELD:

#### BANKING

- NATIONAL AND OVERSEA BANKING
- NATIONAL BANKING
- OVERSEA BANKING

#### TRUST

- UNRESTRICTED TRUST
- RESTRICTED TRUST

#### COMPANY MANAGEMENT

- COMPANY MANAGER
- COMPANY AGENT

**MUTUAL FUND**

- MUTUAL FUND ADMINISTRATOR
- MUTUAL FUND
- EXEMPT MUTUAL FUNDS

**INVESTMENTS**

- INVESTMENT ADVISOR
- INVESTMENT DEALER

**CREDIT UNION**

- MONEY TRANSMITTERS**

**INSURANCE**

- INSURANCE AGENT
- INSURANCE BROKER
- INSURANCE MANAGER
- PRINCIPAL INSURANCE REPRESENTATIVE
- INSURANCE SUB-AGENT
- CREDIT LIFE REINSURER
- NON-CREDIT LIFE REINSURER
- DOMESTIC LONG-TERM INSURERS
- DOMESTIC GENERAL INSURER
- NON-DOMESTIC GENERAL INSURERS
- NON-DOMESTIC LONG-TERM INSURERS

**THE FOLLOWING ARE ATTACHED TO THIS FORM**

- SPECIAL RESOLUTION BY MEMBERS – AUTHORISING APPLICATION TO REGISTER, APPOINTING REGISTERED AGENT AND APPROVING ARTICLES OF INCORPORATION
- ARTICLES OF INCORPORATION
- FORM 6 - NOTICE OF DIRECTORS
- FORM 7 - NOTICE OF MEMBERS

**REGISTERED AGENT CONSENT**

WE,

(AGENT NAME)

**APPLY TO REGISTER THE ABOVE COMPANY AS A COMPANY UNDER THE COMPANIES ORDINANCE 2017. WE FURTHER CONSENT TO ACT AS THE REGISTERED AGENT OF THE COMPANY ON ITS REGISTRATION.**

**DETAILS OF PERSON SIGNING ON BEHALF OF THE REGISTERED AGENT:**

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

**JOB TITLE/POSITION:** \_\_\_\_\_

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

**DATE:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

**DATE FILED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**FEE PAID:**                    **YES**             **NO**             **N/A**

**AMOUNT PAID:** \_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_

\_\_\_\_\_

**DATE ACTION TAKEN:** \_\_\_\_\_

**NEW REGISTRATION NO.** \_\_\_\_\_

**NOTE:**

THE REGISTRAR HAS NO DUTY EXCEPT TO THE EXTENT PROVIDED BY THE ORDINANCE TO VERIFY THAT THE ARTICLES OR OTHER DOCUMENTS COMPLY WITH THE ORDINANCE. COMPANIES ARE REMINDED OF THEIR LEGAL REQUIREMENT TO MAINTAIN PROPER AND UPDATED RECORDS. THE COMMISSION EXPECTS THAT DOCUMENTS FILED WITH THE REGISTRY WILL BE ACCURATE.