



COMPANIES REGISTRY
FORM 5

**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 2017
SECTION 268
APPLICATION FOR REGISTRATION
FOREIGN COMPANY**

COMPANY DETAILS

JURISDICTION IN WHICH COMPANY
INCORPORATED/REGISTERED:

DATE OF ORIGINAL INCORPORATION/REGISTRATION:

RESERVATION NUMBER:

PROPOSED COMPANY NAME:

NATURE OF BUSINESS TO BE CONDUCTED IN THE TURKS AND CAICOS ISLANDS:

NOTICE OF APPOINTMENT OF REGISTERED AGENT

REGISTERED NAME:

REGISTERED OFFICE ADDRESS:

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

COUNTRY

TELEPHONE/FAX

E-MAIL

LOCATION OF REGISTERED OFFICE (OR EQUIVALENT) OUTSIDE THE TURKS AND CAICOS ISLANDS

STREET

TOWN/CITY

STATE/ISLAND

P.O. BOX

ZIP CODE

COUNTRY

WILL THE FOREIGN COMPANY'S PRINCIPAL PLACE OF BUSINESS IN THE TURKS AND CAICOS ISLANDS BE AT THE REGISTERED OFFICE OF THE REGISTERED AGENT? Yes No

LOCATION OF PRINCIPAL PLACE OF BUSINESS IN THE TURKS AND CAICOS ISLANDS (IF DIFFERENT FROM THE REGISTERED OFFICE ADDRESS OF THE PROPOSED REGISTERED AGENT)

STREET	
TOWN/CITY	
STATE/ISLAND	
P.O. BOX	
COUNTRY	

- WILL THIS COMPANY BE APPLYING FOR A BUSINESS LICENCE IN A RESTRICTED CATEGORY? YES NO

IF YES, PLEASE INDICATE CATEGORY

- WILL/ (HAS) THIS COMPANY BE APPLYING/ (APPLIED) FOR A LICENCE FROM THE FINANCIAL SERVICES COMMISSION? YES NO

IF YES, INDICATE LICENCE (S) APPLIED/APPLYING FOR:

BANKING

- NATIONAL AND OVERSEA BANKING
- NATIONAL BANKING
- OVERSEA BANKING

MUTUAL FUND

- MUTUAL FUND ADMINISTRATOR
- MUTUAL FUND
- EXEMPT MUTUAL FUNDS

TRUST

- UNRESTRICTED TRUST
- RESTRICTED TRUST

INVESTMENTS

- INVESTMENT ADVISOR
- INVESTMENT DEALER

INSURANCE

- | | | |
|---|--|--|
| <input type="checkbox"/> INSURANCE AGENT | <input type="checkbox"/> INSURANCE SUB-AGENT | <input type="checkbox"/> DOMESTIC LONG-TERM INSURERS |
| <input type="checkbox"/> INSURANCE BROKER | <input type="checkbox"/> CREDIT LIFE REINSURER | <input type="checkbox"/> DOMESTIC GENERAL INSURER |
| <input type="checkbox"/> INSURANCE MANAGER | <input type="checkbox"/> NON-CREDIT LIFE REINSURER | <input type="checkbox"/> NON-DOMESTIC GENERAL INSURERS |
| <input type="checkbox"/> PRINCIPAL INSURANCE REPRESENTATIVE | | <input type="checkbox"/> NON-DOMESTIC LONG-TERM INSURERS |

COMPANY MANAGEMENT

- COMPANY MANAGER
- COMPANY AGENT

CREDIT UNION

- MONEY TRANSMITTERS**

THE FOLLOWING ARE ATTACHED TO THIS FORM

- EVIDENCE OF INCORPORATION
- CERTIFIED COPY OF INSTRUMENT CONSTITUTING OR DEFINING THE CONSTITUTION
- TRANSLATION OF DOCUMENT (IF SUBMITTED, IN A LANGUAGE OTHER THAN ENGLISH) CERTIFIED AS ACCURATE
- FORM 6 -NOTICE OF DIRECTORS
- APPROVED NAME CLEARANCE & RESERVATION FORM

REGISTERED AGENT CONSENT

We,

(AGENT NAME)

APPLY TO THE REGISTRAR OF COMPANIES FOR THE REGISTRATION OF THE ABOVE NAMED COMPANY AND CONSENT TO ACT AS REGISTERED AGENT ON ITS REGISTRATION UNDER THE TURKS AND CAICOS ISLANDS COMPANIES ORDINANCE.

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

ACTION TAKEN: _____

DATE ACTION TAKEN: _____

REGISTRATION NUMBER: _____

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.