

11. ACTUAL OR PROPOSED SIZE OF ORGANISATION:

ACTUAL OR LIKELY NUMBER OF EMPLOYEES:

12. CAPITAL FORMATION OF AGENCY

(a) AUTHORISED SHARE CAPITAL:

(b) NUMBER OF SHARES:

(c) PERCENTAGE OWNED BY CITIZENS OF BARBADOS:

(d) PERCENTAGE OWNED BY PERMANENT RESIDENTS:

(e) PERCENTAGE OWNED BY IMMIGRANTS:

(f) PERCENTAGE OWNED BY NON-IMMIGRANTS:

(g) WHETHER SUBSIDIARY OR AFFILIATE OF FOREIGN BASED COMPANY:

SUBSIDIARY

AFFILIATE

(h) NAME OF PARENT COMPANY (if any):
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13. STATE ARRANGEMENTS FOR TRAINING OF EMPLOYEES:

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14. DETAILS OF SERVICES TO BE PROVIDED:

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Signature of Applicant

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Date

NOTES: (1) Changes in any of the particulars required on this Form must be notified to the Board within one(1) month of such changes.

(2) This Application must be accompanied by two (2) Passport size photographs each of the Managing Director or Manager, Secretary or Treasurer of the Agency.