



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*

.....  
*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.**