REPUBLIC OF TRINIDAD AND TOBAGO

THE COMPANIES ACT, CHAP. 81:01

[Section 194(1)]

FORM 29

ANNUAL RETURN OF A NON-PROFIT COMPANY INCORPORATED OR CONTINUED UNDER THE ACT

8. Registered Office of Company	1. Name of Company	mpany No		
5. Corporation Tax File Number	3. Registered Office of Company			
5. If either or both numbers mentioned at items 4 and 5 above cannot be supplied, please state the reason(s)	4. National Insurance System (NI	S) Employer Registration Number	r	
7. Number of Employees	5. Corporation Tax File Number _			
3. Anniversary Date of Incorporation			ot be supplied, please state the	
O. Total amount of the indebtedness of the Company in respect of all mortgages and charges of the kind which are required to be registered with the Registrar under the Companies Act. O. Particulars of directors of the company at the date of this return — Full Name Address Other Occupation 1. The secretary/assistant secretary(ies) of the company as of the date of the Annual Return is/are - Name Address/ Registered Office/ Principal Place of Business Other Occupation/Status	7. Number of Employees			
Particulars of directors of the company at the date of this return — Full Name Address Other Occupation 1. The secretary/assistant secretary(ies) of the company as of the date of the Annual Return is/are - Name Address/ Registered Office/ Principal Place of Business Other Occupation/Status	7. Total amount of the indebtedne	ess of the Company in respect of a		
1. The secretary/assistant secretary(ies) of the company as of the date of the Annual Return is/are - Name Address/ Registered Office/ Principal Place of Business Other Occupation/Status		he company at the date of this ret	turn –	
Name Address/ Registered Office/ Principal Place of Business Other Occupation/Status	Full Name	Address	Other Occupation	
Name Address/ Registered Office/ Principal Place of Business Other Occupation/Status				
Name Address/ Registered Office/ Principal Place of Business Other Occupation/Status				
Principal Place of Business Other Occupation/Status		retary(ies) of the company as of t	he date of the Annual Return	
12. Date Name and Title Signature	Name		Other Occupation/Status	
12. Date Name and Title Signature				
	12. Date	Name and Title	Signature	
		_		

THE COMPANIES ACT, CHAP. 81:01

FORM 29

ANNUAL RETURN OF A NON-PROFIT COMPANY INCORPORATED OR CONTINUED UNDER THE ACT

Instructions

Format

Documents required to be sent to the Registrar pursuant to the Act must conform to regulation 3 of the Regulations under the Act.

Items 1, 2

Set out the full legal name of the company, and except where a number has not been assigned, state the company number.

Item 3

State the full address of the registered office of the company.

Item 4

State the National Insurance System (NIS) Employer Registration Number of the company.

Item 5

State the Corporation Tax File Number of the company.

Item 6

State the reason(s) why the NIS Employer Registration Number and/or Corporation Tax File Number of the Company cannot be provided.

Item 7

State the number of persons employed by the company.

Item 8

State the anniversary of incorporation, or continuance under the Act. Tick the appropriate box. N.B.-this Return is due "not later than the thirty days after each anniversary date of its continuance, incorporation or amalgamation" under the Act [section 194(1)].

Item 9

State the total amount of indebtedness of the Company in respect of all mortgages, charges of the kind which are required to be registered with the Registrar under the Companies Act as at the date of the Annual Return.

Item 10

With respect to each director -

- (a) set out first given name, middle name and family name;
- (b) state full address/registered office; and
- (c) specify other occupation clearly. Where possible, specify area of specialty, e.g., electrical engineer. In the case of an individual who has no business occupation, but who holds any other directorship or directorships, particulars of that other directorship or at least one of those other directorships should be stated. In the case of an individual who has no other occupation or directorship of any kind, state "Not applicable" or "N/A".

Item 11

- (a) in the case of -
 - (i) an individual, set out the first given name, middle name and family name; and
 - (ii) a firm or corporation, set out the registered name.
- (b) in the case of (a)(i), state full address and in the case of (a)(ii), state principal place of business or registered office, as the case may be;
- in the case of an individual, specify any other business occupation clearly. Where possible, specify area of speciality, e.g. electrical engineer. In the case of an individual who has no business occupation, but who holds any other secretaryship or secretaryships, particulars of that other secretaryship or at least one of those other secretaryships should be stated. In the case of an individual who has no other business occupation or secretaryship of any kind, state "Not applicable" or "N/A";

in the case of a firm or corporation, set out status, e.g., "firm of accountants" or "company incorporated under the laws of Trinidad and Tobago" (or elsewhere).

Signature -

A director or authorized officer of the company or, respectively an authorised corporate service provider on their behalf, shall sign a return indicating the capacity in which he is signing.

Completed documents, in duplicate, and the prescribed fees are to be filed at the Office of the Registrar General and one set of the duplicate originals would be returned to the company or its representative with the endorsement "Registered" and the date of registration.";

- (i) by deleting Form 36;
- (ii) by deleting Form 37;
- (iii) by deleting Form 38;
- (iv) by deleting Form 39;
- (v) by deleting Form 40;
- (vi) by deleting Form 41;
- (vii) by deleting Form 42;
- (viii) by deleting Form 43;
- (ix) by deleting Form 44; and
- (x) by deleting Forms 45 and 46 and substituting the following new Form 45, Form 46, Form 47, Form 48, Form 49, Form 50, Form 51, Form 52 and Form 53: