



# BENEFICIAL OWNERSHIP RETURN – FORM A



READ INSTRUCTIONS BEFORE COMPLETING

**THE COMPANIES ACT OF JAMAICA  
PARTICULARS OF BENEFICIAL OWNER**  
*(Pursuant to Section 377 A(1) of the Companies Act 2004)*

**BENEFICIAL OWNER OF A COMPANY**

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

**PLEASE INDICATE THE REASON FOR SUBMITTING THIS FORM:**

- Attachment to the Form 1A ,1C,1D
  Attachment to the Form 19A
  Annual Submission (Overseas Companies)
- Attachment to the Form 31A
  Attachment to the Form 9

<b>1A. NAME OF COMPANY</b>	ABC COMPANY LIMITED		
<b>1B. COMPANY REGISTRATION NUMBER</b>	18652		
<b>1C. COMPANY TAXPAYER REGISTRATION NUMBER</b>	002-565-565		
<b>1D. COUNTRY OF INCORPORATION (overseas company)</b>	N/A		
<b>1E. PRINCIPAL PLACE / ADDRESS OF BUSINESS (overseas company)</b>	N/A		
<b>1F. COMPANY TELEPHONE NUMBER</b>	876-551-1998	<b>1G. COMPANY EMAIL ADDRESS</b>	abccompany@gmail.com
<b>1H. TYPE OF COMPANY</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Public		

**2A. PERIOD FOR WHICH RETURN IS MADE UP (Where Return is being filed annually)**

(I). START	Day	Month	Year	(II). END	Day	Month	Year	ITEM 2A: This section should be completed to reflect the reporting period of the Beneficial Ownership Return. The start date should be the date immediately following the date the company was incorporated and the end date should be the date the company was incorporated. For example, if the company was incorporated August 10, 2018 and your Beneficial Ownership Return is being filed for the period 2020-2021, the date at Item 2a. (I) should read August 11, 2020 and (II) August 10, 2021.
	01	08	2022		01	08	2023	

**2B. DATE OF RETURN (Where return is being filed at incorporation and with a Form 9)**

Day	Month	Year	ITEM 2B: The date of Return refers to the change or notice's effective date.



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ITEM 3A: Item 3A requires that the name of the beneficial owner of the company must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The Item requires that the beneficial owner's relationship to the company must then be selected. The relationship of the beneficial owner to the company may be by way of Ultimate Ownership, Ultimate Control of the Company or Control of the Management of the Company. The relationship to the company may be by one or more ways.

### 3A. BENEFICIAL OWNERS OF THE COMPANY

NAME OF BENEFICIAL OWNER 1

JOHN BROWN

ADDRESS

123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW

NATIONALITY

JAMAICAN

OCCUPATION

ENGINEER

#### RELATIONSHIP TO COMPANY

##### Ultimate Ownership

- Owns 25% - 50% interest/voting rights in the company
- Owns 51% - 75% interest/voting rights in the company
- Owns 76% - 100% interest/voting rights in the company

##### Ultimate Control of the Company

- Has the ability to determine the policy of the company
- Has the ability to appoint and remove Directors of the company
- Director or Board of Director

##### Control of the Management of the Company

- Chief Executive Officer
- General Manager
- Chief Financial Officer
- Chief Operations Officer
- Other \_\_\_\_\_

Date person commenced as beneficial owner (dd/mm/yyyy):

01/08/2023

Tax Registration Number:

154-854-654

Date of Birth (dd/mm/yyyy):

14/01/1964

NAME OF BENEFICIAL OWNER 2

JANE BROWN

ADDRESS

123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW

NATIONALITY

JAMAICAN

OCCUPATION

ACCOUNTANT

#### RELATIONSHIP TO COMPANY

##### Ultimate Ownership

- Owns 25% - 50% interest/voting rights in the company
- Owns 51% - 75% interest/voting rights in the company
- Owns 76% - 100% interest/voting rights in the company

##### Ultimate Control of the Company

- Has the ability to determine the policy of the company
- Has the ability to appoint and remove Directors of the company
- Director or Board of Director

##### Control of the Management of the Company

- Chief Executive Officer
- General Manager
- Chief Financial Officer
- Chief Operations Officer
- Other \_\_\_\_\_

Date person commenced as beneficial owner (dd/mm/yyyy):

10/08/2022

Tax Registration Number:

122-875-566

Date of Birth (dd/mm/yyyy):

07/10/1980



# BENEFICIAL OWNERSHIP RETURN – FORM A



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NAME OF BENEFICIAL OWNER 3

ADDRESS

NATIONALITY

OCCUPATION

**RELATIONSHIP TO COMPANY**

**Ultimate Ownership**

- Owns 25% - 50% interest/voting rights in the company
- Owns 51% - 75% interest/voting rights in the company
- Owns 76% - 100% interest/voting rights in the company

**Ultimate Control of the Company**

- Has the ability to determine the policy of the company
- Has the ability to appoint and remove Directors of the company  Director or Board of Director

**Control of the Management of the Company**

- Chief Executive Officer  General Manager  Chief Financial Officer  Chief Operations Officer
- Other \_\_\_\_\_

Date person commenced as beneficial owner (dd/mm/yyyy):

Tax Registration Number:

Date of Birth (dd/mm/yyyy):

\_\_\_\_\_ Continuation page(s) attached

**3B. CORPORATE SHAREHOLDER**

This person is a nominee shareholder

NAME OF CORPORATE SHAREHOLDER

**LEWIS & SONS MANUFACTURING LIMITED**

**BENEFICIAL OWNER OF CORPORATE SHAREHOLDER**

*If there are several beneficial owners of this company, please use continuation page.*

NAME

**LEWIS DAVIS**

ADDRESS

**56 HALF WAY TREE ROAD, KINGSTON 10, ST ANDREW**

NATIONALITY

OCCUPATION

**JAMAICAN**

**BUSINESSMAN**

**RELATIONSHIP TO COMPANY**

**Ultimate Ownership**

- Owns 25% - 50% interest/voting rights in the company
- Owns 51% - 75% interest/voting rights in the company
- Owns 76% - 100% interest/voting rights in the company

**Ultimate Control of the Company**

- Has the ability to determine the policy of the company
- Has the ability to appoint and remove Directors of the company  Director or Board of Director

**Control of the Management of the Company**

- Chief Executive Officer  General Manager  Chief Financial Officer  Chief Operations Officer
- Other \_\_\_\_\_

Date person commenced as beneficial owner (dd/mm/yyyy):

**15/01/2010**

Tax Registration Number:

**154-834-478**

Date of Birth (dd/mm/yyyy):

**04/07/1979**



# BENEFICIAL OWNERSHIP RETURN – FORM A



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**CORPORATE SHAREHOLDER**  This person is a nominee shareholder

NAME OF CORPORATE SHAREHOLDER

**NORMAN INVESTMENTS LIMITED**

**BENEFICIAL OWNER OF CORPORATE SHAREHOLDER**

*If there are several beneficial owners of this company, please use continuation page.*

NAME

**NORMAN BROWN**

ADDRESS

**1 PETER'S WAY, OCHO RIOS, ST ANN**

NATIONALITY

**JAMAICA**

OCCUPATION

**BANKER**

**RELATIONSHIP TO COMPANY**

Ultimate Ownership

- Owns 25% - 50% interest/voting rights in the company
- Owns 51% - 75% interest/voting rights in the company
- Owns 76% - 100% interest/voting rights in the company

Ultimate Control of the Company

- Has the ability to determine the policy of the company
- Has the ability to appoint and remove Directors of the company  Director or Board of Director

Control of the Management of the Company

- Chief Executive Officer  General Manager  Chief Financial Officer  Chief Operations Officer
- Other \_\_\_\_\_

Date person commenced as beneficial owner (dd/mm/yyyy):

**08/08/2015**

Tax Registration Number:

**149-824-566**

Date of Birth (dd/mm/yyyy):

**02/09/1974**

**CORPORATE SHAREHOLDER**  This person is a nominee shareholder

NAME OF CORPORATE SHAREHOLDER

**BENEFICIAL OWNER OF CORPORATE SHAREHOLDER**

*If there are several beneficial owners of this company, please use continuation page.*

NAME

ADDRESS

NATIONALITY

OCCUPATION

**RELATIONSHIP TO COMPANY**

Ultimate Ownership

- Owns 25% - 50% interest/voting rights in the company
- Owns 51% - 75% interest/voting rights in the company
- Owns 76% - 100% interest/voting rights in the company

Ultimate Control of the Company

- Has the ability to determine the policy of the company
- Has the ability to appoint and remove Directors of the company  Director or Board of Director

Control of the Management of the Company

- Chief Executive Officer  General Manager  Chief Financial Officer  Chief Operations Officer
- Other \_\_\_\_\_

Date person commenced as beneficial owner (dd/mm/yyyy):

Tax Registration Number:

Date of Birth (dd/mm/yyyy):

\_\_\_\_\_ Continuation page(s) attached



# LIST OF BENEFICIAL OWNERS & SHAREHOLDERS – FORM A



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Item 4 is not applicable for new incorporations

## 4. LIST OF BENEFICIAL OWNERS AND SHAREHOLDING *(Beneficial owners by ownership only)*

This list shall include all beneficial owners who have an interest in shares during the period for which the Return is made up and must reflect all changes in beneficial owners.

NOTE: Where shares are transferred, forfeited etc the date of the transaction must be indicated under the relevant column next to the name of the beneficial owners acquiring/disposing of the shares and the type of transaction (see key at right).

Where shares are issued during the period, the details shall also be provided on a Return of Allotment (Form 9). This includes newly issued shares and shares re-allotted upon forfeiture

### KEY TO TYPES OF TRANSACTION

N	=	NEW ISSUE	T	=	TRANSFER
TM	=	TRANSMISSION	F	=	FORFEITURE
R	=	REDEMPTION	P	=	PURCHASE
S	=	SURRENDERED (as a gift to the company)			

<b>NAME OF SHAREHOLDER #1</b> <i>(For individuals or Companies)</i> <input type="checkbox"/> This person is a nominee shareholder <b>JOHN BROWN</b>						<b>Date person commenced as beneficial owner(dd/mm/yyyy)</b> <b>01/08/2023</b>			
NAME OF BENEFICIAL OWNER FOR SHAREHOLDER 1 (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION N (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD		
			# of shares acquired <sup>2</sup>	# of shares disposed of <sup>3</sup>					
JOHN BROWN	ORD	500,000	NIL	50,000	10/08/2022	T	450,000		
ADDRESS			NATIONALITY		OCCUPATION				
123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW			JAMAICAN		ENGINEER				
<b>NAME OF SHAREHOLDER #2</b> <i>(For individuals or Companies)</i> <input type="checkbox"/> This person is a nominee shareholder <b>JANE BROWN</b>								<b>Date person commenced as beneficial owner(dd/mm/yyyy)</b> <b>10/08/2022</b>	
NAME OF BENEFICIAL OWNER FOR SHAREHOLDER 2 (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION N (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD		
			# of shares acquired <sup>2</sup>	# of shares disposed of <sup>3</sup>					
JANE BROWN	ORD	NIL	25000	NIL	10/08/2022	T	25000		
ADDRESS			NATIONALITY		OCCUPATION				
123 HILLVIEW ROAD, DEWS PARK, KGN 20, ST ANDREW			JAMAICAN		ACCOUNTANT				

\_\_\_\_\_ Continuation page(s) attached

FOR OFFICIAL USE ONLY COMPANY #:



# BENEFICIAL OWNERSHIP RETURN – FORM A



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## 5. BENEFICIAL OWNERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF BENEFICIAL OWNER (First then Last)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION
JASON BROWN	10/08/2022	SHARES WERE SURRENDERED

ITEM 5: All beneficial owners who have ceased to be a beneficial owner of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format day/month/ year, and the reason for cessation.

## 6. MEMBERS WHO CEASED TO BE SO DURING THE REPORTING PERIOD

NAME OF BENEFICIAL OWNER (First then Last)	CESSATION DATE (dd/mm/yyyy)	REASON FOR CESSATION
JASON BROWN	10/08/2022	SHARES WERE SURRENDERED

ITEM 6: All members who have ceased to be a member of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format of day/ month/ year, and the reason for cessation.

## 7. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT	JOHN BROWN		
CAPACITY	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official <input type="checkbox"/> Member		
SIGNATURE	<i>J Brown</i>	DATE (dd/mm/yyyy)	01/08/2023

ITEM 7: This Item must be signed declaring the accuracy of the information presented. The capacity of the signee/signatory must be indicated as well as the date which the declaration was made.

FOR OFFICIAL USE ONLY COMPANY #:



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## FILED BY PAGE

### 8. PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA

<b>FIRST NAME:</b>	<b>JOHN</b>	<b>LAST NAME:</b>	<b>BROWN</b>
<b>ADDRESS:</b>	<b>STREET:</b>	<b>123 HILLVIEW ROAD</b>	
	<b>TOWN:</b>	<b>DEWS PARK</b>	
	<b>POST OFFICE:</b>	<b>KINGSTON 20</b>	
	<b>PARISH:</b>	<b>ST ANDREW</b>	
<b>E-MAIL ADDRESS:</b>	<b>johnbrown@gmail.com</b>		
<b>CONTACT NUMBER:</b>	<b>876 551-1998</b>		
<b>FAX NUMBER:</b>			

ITEM 8: The 'Filed By' Information page must be completed. The information given must be accurately presented.





# BENEFICIAL OWNERSHIP RETURN – FORM A



READ INSTRUCTIONS BEFORE COMPLETING

## THE COMPANIES ACT OF JAMAICA BENEFICIAL OWNER INFORMATION – SCHEDULE A

### INSTRUCTIONS

#### GENERAL

This document is required to be filed at the Companies Office of Jamaica and must conform to the requirements under the Companies Act of Jamaica and subsequent Amendments made thereto.

Where any provision required to be set out is too long for the space provided in the form, a schedule may be appended to the form. This schedule must be labeled appropriately, for example, 'Schedule A' or 'Schedule B' and the where alphanumeric characters are used to label a schedule(s), same must be done in ascending order.

#### DEFINITIONS

Beneficial owner(s) of the company is/are the natural individual(s) who exercise(s) ultimate ownership of the company OR exercise(s) ultimate effective control of the company OR exercise control over the management of the company.

Ultimate ownership of the company arises where a person(s) owns 25% or more interest, whether through shares or voting rights in the company.

Ultimate effective control arises where a person(s) has/have the ability to determine the policy of the company or has/have the ability to appoint and remove a Director(s) of the company; these persons could be the Director(s) or Board of Directors.

Control over the management of the company refers to persons of authority who control the management of the company.

Natural Person is a human being, as distinguished from a legal person as a (corporation) created by operation of law.

Legal Person an entity such as a (corporation) considered by law as having many of the rights and responsibilities of a natural person.

#### BENEFICIAL OWNER AND INDIVIDUAL MEMBER DETAILS

The full name of the beneficial owner(s) and/or member(s) must be stated. The first and last name must be stated and there should be no abbreviation of same.

The beneficial owner and/or member's address must be stated in full. This includes apartment number, street address, town, postal code or zone, post office, city, parish, state or country where applicable.

The beneficial owner and/or member's nationality must be stated. Where the natural person has multiple nationalities, only one nationality will be required.

The beneficial owner and/or member's occupation must be stated where applicable.

The beneficial owner and/or member's identification number must be stated. **ONE** of the following must be provided as well as the original or certified copy of the identification being used:

1. TAX REGISTRATION NUMBER (*nine-digit number assigned by the Tax Administration Jamaica*), or
2. NATIONAL VOTER'S ID NUMBER, or
3. PASSPORT NUMBER, or
4. DRIVER'S LICENCE NUMBER

(*Certification may be done by a Justice of the Peace, Attorney-At-Law or Notary Public*)

The beneficial owner and/or member's date of birth must be presented as day/month/year where applicable.

#### ITEM 1

ITEM 1A: The full name of the company should be stated at Item 1A. The name here must be consistent with the name stated on its Certificate of Incorporation or most recent Change of Name Certificate (as at the date of the form) or in the case of new incorporation the name stated on the Form 1A, 1C, or 1D.

ITEM 1B: Item 1B must be completed to indicate the company registration number at the Companies Office of Jamaica. If no registration number has been assigned, "Not Applicable" (N/A) should be placed on the line.

ITEM 1C: Item 1C should be completed with the company's TRN. This is the nine-digit number assigned to the company by the Tax Administration Jamaica. If no TRN has yet been assigned "Not Applicable" (N/A) should be placed on the line.



# BENEFICIAL OWNERSHIP RETURN – FORM A



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## READ INSTRUCTIONS BEFORE COMPLETING

ITEM 1D: Item 1D should only be completed by an overseas company. The company should indicate the country that it was incorporated in. This cannot be a local address.

ITEM 1E: Item 1E should only be completed by an overseas company. The company should state the address of its principal place of business. This cannot be a local address.

ITEMS 1F and 1G: Items 1F and 1G are not mandatory, however, if provided must be completed in full. For example, Item 1F must reflect a legitimate 10-digit telephone number and Item 1G must contain the relevant domain ending, such as 'gmail.com' or 'yahoo.com'.

ITEM 1H: Item 1H must be completed to indicate the type of company.

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## ITEM 2

ITEM 2A: This section should be completed to reflect the reporting period of the Beneficial Ownership Return. The start date should be the date immediately following the date the company was incorporated and the end date should be the date the company was incorporated. For example, if the company was incorporated August 10, 2018 and your Beneficial Ownership Return is being filed for the period 2020-2021, the date at Item 2a. (I) should read August 11, 2020 and (II) August 10, 2021.

ITEM 2B: The date of Return refers to the change or notice's effective date.

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## ITEM 3

ITEM 3A: Item 3A requires that the name of the beneficial owner of the company must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The Item requires that the beneficial owner's relationship to the company must then be selected. The relationship of the beneficial owner to the company may be by way of Ultimate Ownership, Ultimate Control of the Company or Control of the Management of the Company. The relationship to the company may be by one or more ways.

ITEM 3B: Item 3B requires that the name of the corporate member/shareholder of the company be stated. The name must be clearly stated and as written on the original company documents (for example: Certificate of Incorporation, Articles of Incorporation). The address for each corporate member/shareholder listed must be stated in full. The beneficial owner of the corporate member/shareholder must then be stated in the space provided, as well as nationality and occupation. The Item requires that the beneficial owner's relationship to the company must then be selected. The relationship of the beneficial owner to the company can be by way of Ultimate Ownership, Ultimate Control of the Company or Control of the Management of the Company. The relationship to the company may be by one or more ways.

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## ITEM 4

ITEM 4A: Item 4 requires that the name of the current members of the company who are natural individuals must be stated. The name must include the first and surname. The address for each beneficial owner listed must be stated in full, as well as nationality and occupation. The Item requires that the date the member commenced being a member of the company must be given in the format as day/month/year. All members who are natural persons must be listed in this section.

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## ITEM 5

ITEM 5A: All beneficial owners who have ceased to be a beneficial owner of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format day/ month/ year, and the reason for cessation.

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## ITEM 6

ITEM 6A: All members who have ceased to be a member of the company during the reporting period must be stated. The name should be given in full, as well as the cessation date in the format of day/ month/ year, and the reason for cessation.

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## ITEM 7

ITEM 7A: This Item must be signed declaring the accuracy of the information presented. The capacity of the signee/signatory must be indicated as well as the date which the declaration was made.

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## ITEM 8

The 'Filed By' Information page must be completed. The information given must be accurately presented.