OFFICE OF UTILITIES REGULATION Regulating Utilities for the Benefit of All							
Form No.: STTO/FOR/001	Form Name: Application Licence Verification Form 1	Revision No.: 5	Page 1 of 1				
Original Issue Date: 2008-Jan-29	Approval By: Top Management	Revision Date: 2023-May-19	-				
No field MUST BE left blank. If not applicable for the completion of this form, insert 'N/A' or 'not applicable' where appropriate							

Please print or type when completing Form

APPLICANT LICENCE VERIFICATION FORM 1 ADDENDUM NO. 2 TO LICENCE APPLICATION

Name of Entity:														
Address of Register	red Office:													
Telephone:			Telefax:			F	Email:	<u> </u>						
Full Name of Current Shareholders		_	- CI		Date of Birth		Place of Birth							
Surname	First	Middle Initial	Address	Share holdi		M	Y	Parish		District	Other	National ID	TRN	Nationality
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	ne of Directors	Middle		Share		te of B				Place of Birth				Nationality
Surname	First	Initial	Address	holdi	ng D	M	Y	Parish		District	Other	National ID	TRN	
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	Nama of Varif	ina Offican												
	Name of Verif	ying Officer:		Secretary					Mana	ging Director / Gene	ral Manager			
				Print Name						Print Name				
Dublic Liebility o	ompanies need not reco	and abanahaldina	a of loss than 100/											
Fublic Liability Co	ompanies need not rect	ord shareholding	8 Of less than 10%											
For OUR use only														
	Approval:	The Applica	ation has been approve	ed by:										
							Signo	turo						
						r.	Signa	iuic						
							Print 1	Name		•				

QUALITY POLICY STATEMENT

OUR RULES: The management and staff of the OUR are committed to Regulating Utility services in accordance with our Legislative powers and to the Enhancement of customer Satisfaction through continual improvement of our quality management system.