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|----------------------------------|---|----------------------------|---------------------------|
| Form No.: <b>STTO/FOR/001</b>    | Form Name: <b>Application Licence Verification Form 1</b> | Revision No.: 4            | Page <b>1</b> of <b>1</b> |
| Original Issue Date: 2008-Jan-29 | Approval By: Top Management                               | Revision Date: 2018-Mar-08 |                           |

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

**Please print or type when completing Form**

Name of Entity: \_\_\_\_\_  
 Address of Registered Office: \_\_\_\_\_  
 Telephone: \_\_\_\_\_      Telefax: \_\_\_\_\_      Email: \_\_\_\_\_

| Full Name of Current Shareholders |       |                | Address | Share-holding | Date of Birth |   |   | Place of Birth |          |       | National ID | TRN | Nationality |
|-----------------------------------|-------|----------------|---------|---------------|---------------|---|---|----------------|----------|-------|-------------|-----|-------------|
| Surname                           | First | Middle Initial |         |               | D             | M | Y | Parish         | District | Other |             |     |             |
|                                   |       |                |         |               |               |   |   |                |          |       |             |     |             |
|                                   |       |                |         |               |               |   |   |                |          |       |             |     |             |
|                                   |       |                |         |               |               |   |   |                |          |       |             |     |             |
|                                   |       |                |         |               |               |   |   |                |          |       |             |     |             |

| Name of Directors |       | Middle Initial | Address | Share-holding | Date of Birth |   |   | Place of Birth |          |       | National ID | TRN | Nationality |
|-------------------|-------|----------------|---------|---------------|---------------|---|---|----------------|----------|-------|-------------|-----|-------------|
| Surname           | First |                |         |               | D             | M | Y | Parish         | District | Other |             |     |             |
|                   |       |                |         |               |               |   |   |                |          |       |             |     |             |
|                   |       |                |         |               |               |   |   |                |          |       |             |     |             |
|                   |       |                |         |               |               |   |   |                |          |       |             |     |             |
|                   |       |                |         |               |               |   |   |                |          |       |             |     |             |

Name of Verifying Officer: \_\_\_\_\_

\_\_\_\_\_  
Secretary  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Managing Director / General Manager  
\_\_\_\_\_  
Print Name

Public Liability companies need not record shareholdings of less than 10%

**For OUR use only**

Approval:      The Application has been approved by:

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name