

FINANCIAL SERVICES COMMISSION EXEMPT DISTRIBUTION SUBMISSION CHECKLIST

Name of Issu

Name of Underwriter/Arranger:

Description of Offer:

This checklist represents the minimum disclosure requirements that must be included to satisfy the FSC in its review for registration.

Description	Description			Comments
Form X	Form XD F-1			
Notice o	of Exempt Distribution			
offe (If no	Form XD F-1 is being submitted at least 15 days before the or is scheduled to open ot, indicate in the comments section, the number of days before the date in which the form is to be submitted)			
b) All s	ections of the form are completed			
Please	confirm the following			
i)	Item 3: Residential address of each director is provided.			
ii)	Item 5: Information on both debt and equity securities are provided.			
iii)	Item 8:			
	 The amount, interest rate, type of interest rate (fixed/variable), tenure/maturity and whether secured or unsecured are stated 			

FINANCIAL SERVICES COMMISSION EXEMPT DISTRIBUTION SUBMISSION CHECKLIST

Description		Yes	No	Comments
	 b) The currency (JMD, USD) and if where indexed (USD Indexed) is stated. 			
	c) The issuer is relying on the following exemption(s) - Accredited Investor - Minimum Purchase Amount - Highly Rated Debt Securities - (If the exemption specified is highly rated debt securities submit the rating agency report (CariCris, Fitch, S&P, Moody's): rating should be BBB or above and the rating report is within 12 months) Note: If the instruments are Preference Shares, include the number of shares, the amount, interest rate, type of interest rate and tenure. If the instrument is Ordinary Share, include the number of units and the amount.			
	 iv) Item 11: Information is provided on whether or not the instrument will be underwritten. 			
	v) Item 14: A detailed explanation for the use of proceeds is provided.			
c)	The Form XD F-1 is signed by two directors with their name and address inserted below.			
d)	The form XD F-1 is dated.			

Additional Comments:		
Additional Comments.		

FINANCIAL SERVICES COMMISSION EXEMPT DISTRIBUTION SUBMISSION CHECKLIST

Prepared by	Reviewed and Authorized by
(Signature)	(Signature)
Name:	Name:
Position:	Position:
Date:	Date: