



**Form XD F-2  
EXEMPT DISTRIBUTION REPORT**

This is the form required under part 4.3 of *the Guidelines*.

**Issuer Information**

**Item 1:** State the full name of the issuer of the security distributed and the address and telephone number of its head office.

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**Item 2:** State whether or not the issuer is a reporting issuer.

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**Item 3:** Provide a description of the final terms of the security (ies). Include the FSC unique reference number.

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**Details of Distribution**

**Item 4:** Complete the following table with respect to each purchaser. This will help you in completing the remainder of this report.

## SR-GUID-20/12/0027

Full name, address and telephone number of each purchaser	Number and type of securities purchased	Total purchase price (\$JA)	Exemption relied on	Date of distribution

**Item 5:** Complete the following table for each jurisdiction (Jamaica and foreign jurisdictions) where purchasers of the securities reside. Do not include in this table securities issued as payment for commissions or finder's fees disclosed under item 7 below.

Jurisdiction where purchasers reside	Number of purchasers	Price per security (Jamaican \$) <sup>1</sup>	Total value raised from purchasers in the jurisdiction (Jamaican \$)
Jamaica			
Other jurisdiction <sup>2</sup>			
Total number of purchasers			
Total dollar value of distribution in all jurisdictions (Jamaican \$)			

Note 1. If securities are issued at different prices list the highest and lowest price the securities were sold for.

Note 2. Add rows as necessary. List each jurisdiction on a separate row.

### Commissions and finders' fees

**Item 6:** Complete the following table by providing information for each person who has received or will receive compensation in connection with the distribution(s). Compensation includes commissions, discounts or other fees or payments of a similar nature. Do not include payments incidental to the distribution such as legal, accounting, printing, advertising or similar services.

Full name and address of person being compensated	Compensation paid or to be paid (cash or securities)				
	Cash (\$JA)	Securities			Total JA \$ value of compensation
		No. and type	Price per security	Exemption and date of distribution	

**Certificate**

On behalf of the issuer, I certify, after diligent inquiry, that all information contained in this report is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of issuer

\_\_\_\_\_  
Print name, title and telephone number of person signing

\_\_\_\_\_  
Signature

**Item 7:** State the name, title and telephone number of the person who may be contacted with respect to any questions regarding the contents of this report, if different from the person signing the certificate.

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**IT IS AN OFFENCE UNDER THE *SECURITIES ACT* TO MAKE A MISREPRESENTATION IN THIS REPORT**