

**APPLICATION FOR LICENCE TO OPERATE A CAMBIO**

1a. NAME OF APPLICANT (*Company name*): \_\_\_\_\_

1b. COMPANY TRN: \_\_\_\_\_

1c. TRADING NAME (*If different from 1a*): \_\_\_\_\_

2. BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

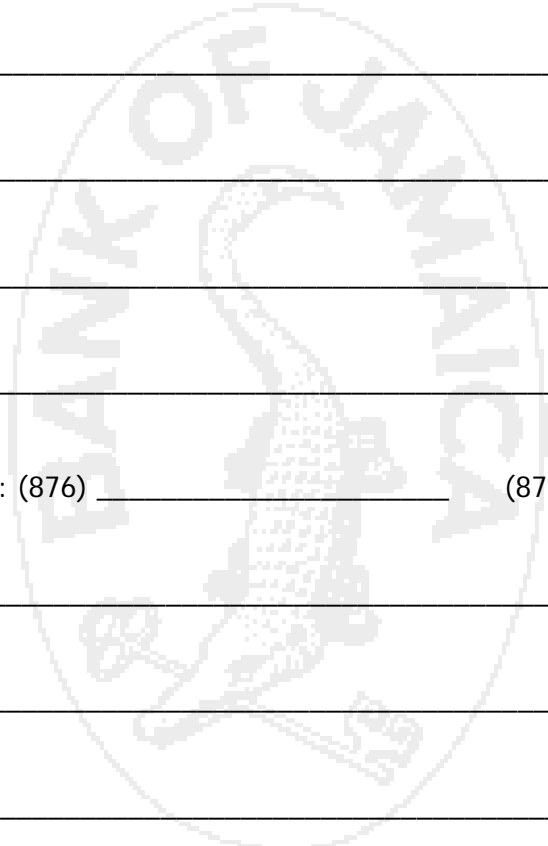
4. TELEPHONE NUMBER(S): (876) \_\_\_\_\_ (876) \_\_\_\_\_

5. FAX NUMBER(S) : (876) \_\_\_\_\_

6. E-MAIL ADDRESS: \_\_\_\_\_

7. TYPE OF BUSINESS: \_\_\_\_\_

8. NAME(S) OF BANKER(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9a. DIRECTOR(S) *(insert in table below)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yy)	TRN

9b. SHAREHOLDER(S) owning a minimum of 10% shares *(insert in table below)*

First Name	Middle	Surname	Date of Birth (dd-mmm-yy)	TRN	Shareholding (%)

10. PROPOSED LOCATION OF CAMBIO: \_\_\_\_\_  
(Full Business Address)

11. MANAGER(S)/(Responsible Officers) of location named at #10 above *(insert in table below)*:

First Name	Middle	Surname	Date of Birth (dd-mmm-yy)	TRN

11. TELEPHONE NUMBER(S): For location at #9 above (876) \_\_\_\_\_

**I declare that all statements made in this application and the attached documents are, to the best of my knowledge and belief, true and complete statements.**

Authorized officer: \_\_\_\_\_ Position: \_\_\_\_\_  
(Print name)

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

Affix company seal: \_\_\_\_\_



Completed application forms should be addressed to:

DIRECTOR  
CAMBIO And REMITTANCE LICENSING & MONITORING DEPARTMENT  
BANK OF JAMAICA  
NETHERSOLE PLACE  
P. O. BOX 621  
KINGSTON