



Office of the Supervisor of Insolvency

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“Overseeing your financial freedom”

CLIENT INFORMATION FORM – LEGAL PERSON (CORPORATE)

COMPANY DETAILS				
DATE				
COMPANY NAME				
REGISTERED ADDRESS				
EMAIL		TEL NO.		
TRN/ COMPANY NO.				
DATE OF INCORPORATION		TYPE OF CO.		
CORE BUSINESS				
ANNUAL TURNOVER (Amt. \$ collected annually)		NO. OF EMPLOYEES		
DATE OF LAST RETURN		NO OF SHARES		
PARTICULARS OF MEMBERS				
DIRECTORS (Form 1A, Articles of Association)				
Name	Address	Date Appointed	Occupation	Contact No.
SHAREHOLDERS & HOLDINGS (Articles and Memorandum of Association)				
Name	Address	Date Appointed	Occupation	No of Shares
COMPANY SECRETARY (Form 1A, Articles of Association)				
Name	Address	Date Appointed	Occupation	Contact No.
DETAILS OF LIABILITIES				
SECURED CREDITORS				
CREDITOR	SECURITY/GUARANTOR	PARTICULARS/PURPOSE	LIABILITY \$	
UNSECURED CREDITORS				
CREDITOR	DEBTOR	PARTICULARS/PURPOSE	LIABILITY \$	
TOTAL LIABILITY				

