



SECURITIES COMMISSION OF THE BAHAMAS

Poinciana House
 North Building, 2nd Floor
 31A East Bay Street
 P.O. Box N-8347
 Nassau, Bahamas

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 Fax: (242) 356-7530
 E-mail: info@scb.gov.bs
 Website: www.scb.gov.bs

SECURITIES INDUSTRY REGULATIONS 2012 SCHEDULE 2 (Regulation 47)

FORM 11

Notice of Employment of Personnel to Carry on Securities Business On Behalf of Registered Firm

General Instructions: Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and the referenced in the form and the reference index attached.

Completed applications should be submitted to:

The Supervision Department
 Securities Commission of The Bahamas
 Poinciana House
 North Building, 2nd Floor
 P.O. Box N-8347
 Nassau, Bahamas

NOTICE The Registered firm is required to give immediate notice to the Commission if a person named in this form does not commence employment with the Registered Firm on the date set out in this form.

WARNING *Intentional misstatement or failure to disclose information may constitute an offence.*

1. Registered Firm	<i>State full Legal Name of Firm:</i>		
	<i>Address 1:</i>		
	<i>Address 2:</i>		
	<i>P.O. Box:</i>		
	<i>State:</i>		
	<i>Country:</i>		
	<i>Telephone:</i>	<i>Fax:</i>	<i>Email:</i>
	<i>Financial Year End (DD/MM/YYYY):</i>		
2. Nature of Notice	<i>Please indicate the nature of the notice below:</i>		
	a) Employment of individual(s) currently registered with the Commission ; or		<input type="checkbox"/>
	b) Employment of person of unregistered individual who will be applying for registration.		<input type="checkbox"/>



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3. Employment - Individuals Previously Registered with the Commission	<i>Please provide the name, address and telephone number for each new employee below indicating details of his/her registration e.g. license number, date, status and the date that he/she is to begin employment. Attach a completed Form 9 for each new employee.</i>	
	Person 1	Person 2
	<i>Name (Surname, First Middle):</i>	<i>Name (Surname, First Middle):</i>
	<i>Address 1:</i>	<i>Address 1:</i>
	<i>P.O. Box Number:</i>	<i>P.O. Box Number:</i>
	<i>State:</i>	<i>State:</i>
	<i>Country:</i>	<i>Country:</i>
	<i>Telephone:</i>	<i>Telephone:</i>
	<i>Registration /License Number:</i>	<i>Registration /License Number:</i>
	<i>Date of Approval:</i>	<i>Date of Approval:</i>
	<i>Status:</i>	<i>Status:</i>
	<i>Date to Commence Employment:</i>	<i>Date to Commence Employment:</i>
	Person 3	Person 4
	<i>Name (Surname, First Middle):</i>	<i>Name (Surname, First Middle):</i>
	<i>Address 1:</i>	<i>Address 1:</i>
	<i>P.O. Box Number:</i>	<i>P.O. Box Number:</i>
	<i>State:</i>	<i>State:</i>
	<i>Country:</i>	<i>Country:</i>
	<i>Telephone:</i>	<i>Telephone:</i>
	<i>Registration /License Number:</i>	<i>Registration /License Number:</i>
	<i>Date of Approval:</i>	<i>Date of Approval:</i>
	<i>Status:</i>	<i>Status:</i>
<i>Date to Commence Employment:</i>	<i>Date to Commence Employment:</i>	
Person 5	Person 6	
<i>Name (Surname, First Middle):</i>	<i>Name (Surname, First Middle):</i>	
<i>Address 1:</i>	<i>Address 1:</i>	
<i>P.O. Box Number:</i>	<i>P.O. Box Number:</i>	
<i>State:</i>	<i>State:</i>	
<i>Country:</i>	<i>Country:</i>	
<i>Telephone:</i>	<i>Telephone:</i>	
<i>Registration /License Number:</i>	<i>Registration /License Number:</i>	
<i>Date of Approval:</i>	<i>Date of Approval:</i>	
<i>Status:</i>	<i>Status:</i>	
<i>Date to Commence Employment:</i>	<i>Date to Commence Employment:</i>	
4. Employment - Previously Unlicensed Individual	<i>Please provide the name, address and telephone number for each new employee who has never been registered with the Commission below and indicate the date that he/she is to begin employment. Attach a completed Form 9 for each new employee.</i>	
	Person 1	Person 2
	<i>Name (Surname, First Middle):</i>	<i>Name (Surname, First Middle):</i>
<i>Address 1:</i>	<i>Address 1:</i>	



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(Regulation 47)**

	<i>P.O. Box Number:</i>	<i>P.O. Box Number:</i>
	<i>State:</i>	<i>State:</i>
	<i>Country:</i>	<i>Country:</i>
	<i>Telephone</i>	<i>Telephone:</i>
	<i>Date to Commence Employment:</i>	<i>Date to Commence Employment:</i>
	Person 3	Person 4
	<i>Name (Surname, First Middle):</i>	<i>Name (Surname, First Middle):</i>
	<i>Address 1:</i>	<i>Address 1:</i>
	<i>P.O. Box Number:</i>	<i>P.O. Box Number:</i>
	<i>State:</i>	<i>State:</i>
	<i>Country:</i>	<i>Country:</i>
	<i>Telephone:</i>	<i>Telephone:</i>
	<i>Date to Commence Employment:</i>	<i>Date to Commence Employment:</i>
5. Senior Official of Registered Firm	<i>Please give the name, business telephone number and email address of a senior officer of the registered firm who is knowledgeable about this notice and who may be contacted to discuss it.</i>	
	<i>Name (Surname, First Middle):</i>	
	<i>Telephone:</i>	<i>Fax:</i>

ATTESTATION

"I, the undersigned, hereby affirm that to the best of my information, knowledge and belief that the contents of this form and any attachments provided with this form are true, correct and not misleading".

SIGNATURE

DATE

PRINT NAME