# Business Registration Form

No: BRF1

**Application for : New Companies, New Business Names, TRN, NIS, TCC, GCT, HEART/NTA & NHT**
**Under THE REGISTRATION OF BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT, COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT**

## *Instructions/Information*

***Usage:*** *This form should be used by all customers when creating either a new Company or new Business Name. It is a subsitute for the following forms when creating a New Company ONLY:*

+ *Form 20 - Notice of Appointment of/Change of Company Secretary*
+ *Form 2 - Declaration of Compliance*
+ *Form 23 - Notice of Appointment of/Change of Directors*
+ *Form 17 - Notice of Address of Registered Office or Notice of Change of Registered Office*

*It also substitutes for the following forms when creating a New Business Name ONLY:*

+ *BN1 - Application for Registration by Sole Proprietor (Individual)*
+ *BN2 - Application for Registration by Partnership*
+ *BN3 - Application for Registration by Corporate Proprietor*

*Application for TRN, NIS, GCT, TCC, HEART-NTA and NHT will be done automatically for New Companies Only.*

*Application for TRN, NIS, HEART-NTA and NHT will be done automatically for New Business Name.*

*The form is broken down as follows:*

+ *Section A - Business/Company Information {Basic information required to create new company or business names }*
+ *Section B - Directors/Proprietors Information - Individuals {Data on the individual directors/proprietors for the new entity}*
+ *Section C - Directors/Proprietors Information - Companies {When a company is a director/proprietor for the new entity}*
+ *Section D - Particulars of Company Secretary {Applicable only to New Companies and when a director is not the secretary}*
+ *Section E - GCT Registration {Request for specific data for a successful registration for GCT. Applicable ONLY to New Companies }*
+ *Section F - Tax Compliance Certificate {Applicable to New Company registration Only}*
+ *Section G - Declaration {To be signed by the Principal Officer (or Authorised Official) of the new company or business name}*
+ *Section H - Filed By {To be completed by the person submitting the form at the COJ}*
+ *Section I - Directors/Proprietors TRN {The TRN for each director/proprietor is required in this section}*

***General:***

* *Please PRINT or TYPE the required information. Use blue or black ink pen only*
* *Tick the appropriate box where required and write in bold capitals in all fields*
* *Underlined prompts indicate mandatory data entry is required*
* *When entering telephone numbers the area code is required*
* *Complete Form 2 if the new Business name or company will have a branch*

### *When creating a New Company:*

* *One of the following forms must also be submitted with this form:*
  + *Form 1A - Articles of Incorporation -Company Limited by Shares*
  + *Form 1B - Articles of Incorporation -Company Limited by Guarantee Without a Share Capital*
  + *Form 1C - Articles of Incorporation -Company Limited by Guarantee with Share Capital*
  + *Form 1D - Articles of Incorporation -Unlimited Company*
* *Also complete the following sections:*
  + *Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H & Section I - where applicable*
* *Complete Form 2 if Branches will be registered*

### *When creating a New Business Name:*

* *Please complete the following sections: Section A, Section B, Section C, Section G, Section H & Section I - where applicable*
* *Complete Form 2 if Branches will be registered*

### *Registration for General Consumption Tax(GCT) - Only Applicable to New Company:*

* *GCT Registration is determined by a person's business activity. I.e., depending on a person's "Nature of Business". Businesses will be registered as Registered Person and issued with a Notice of Registration. When the business starts to operate if gross sales is above the threshold TAJ is to be informed so that the registration status can be changed to that of Registered Taxpayer. Registered Taxpayers are issued Registration Certificates which authorizes them to collect and account for the tax.*

### *Registration for Tax Compliance Certiticate (TCC) - Only Applicable to New Company:*

* *Tax Compliance Certificate is a document issued to a company as proof that payments of tax liabilities and wage-related statutory deductions are up-to-date. Applying for TCC using this form will only be facilitated for new companies, that is companies registered under the Companies Act. TCC will have a tenure of a maximum of 90 days.*

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

**SECTION A - Business/Company Information** *(General information for the Companies or Businesses. This section is mandatory)*

1a Type of Registration/ Incorporation: ☑ Company ☐ Business Name

1b. Type of Organisation: ☐ Government ☐ Non-Profit ☑ Other

2a. Commencement Date (Business Name) OR Projected Start Date (Companies): ~~15/07/2026~~ ~~29/07/2026~~ 10/08/2026 *dd/mm/yyyy*

2b. If Company, Indicate classification: ☑ Private ☐ Public

3a. Name of Business/Company (Primary): Melleigh Ventures Limited

4a. If Business Name, provide any other Name:

3b. Justification of Primary Name (where applicable) *See list on page 11*:

4b. Justification of Other Name (where applicable) *See list on page 11*:

5a. If Business Name, indicate Type: ☐ Sole Proprietor -Individual ☐ Sole Proprietor -Company ☐ Partnership

5b. State the number of branches and complete a Schedule 4 for each Branch *(Both Company & Business Name)*:

6a. Business Names/ Company Registered Address: ☑ Same as Actual Business Location ☑ Same as Mailing Address

| | | | |
|---|---|---|---|
| Location | *Building/Complex/Apt/Suite* | Street | 14 (*Number*) Elspeth Avenue (*Name*) |
| Town/District | Kingston (*City/Town/District*) | Post Office | ~~Constant Spring~~ Halfway Tree |
| P. O. Box | | Parish | St Andrew |
| Postal Code | ~~08~~ 10 | Country | Jamaica |

6b. Actual Business Location (if different from number 6a)

| | | | |
|---|---|---|---|
| Location | *Building/Complex/Apt/Suite* | Street | *Number* *Name* |
| Town/District | *City/Town/District* | Post Office | |
| P. O. Box | | Parish | |
| Postal Code | | Country | |

6c. Location of Office Records: ☑ Registered Address ☐ Actual Business Location ☐ Mailing Address *(Use Schedule 3 for Mailing Address)*

7a. Tel: 876-318-3463 7b. Cell: 7c. Fax:

7d. Email-Address: joshuas97@hotmail.com

*Nature of Business Name/Core Business of Company*

8a. Primary Nature *(For Official Use Only)*: Investments

8b. Secondary Nature *(For Official Use Only)*:

8c If Business Name, provide nature phrase:

9a. Number of Employees: 2

9b. Expecting Payroll Greater Than $14,444 per month? ☐ Yes ☐ No

9c. Will there be a single annual return (SO2) for all branches? ☐ Yes ☐ No *(Only applicable if branches are included at 5b above)*

10. If Business Name, complete the following where applicable

10a Date First Employee Commenced Employment: *dd/mm/yyyy*

10b Date Accounting Year Begins: *mm-dd*

10c Name of Auditing Firm/Accountant:

11. Number of Directors/Proprietors: 2

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

## SECTION B - Directors/Proprietors Information - Individuals *(Data on the individual director/proprietor. This section is mandatory)*

*(Note: When creating a new company only ONE Director can be named Company Secretary and if so indicated, then Section D should NOT be completed. Otherwise Section D must be filled in. Also if only one director is named, then a different person must be named secretary)*

**Principal - Director/Proprietor Only** ☐ Yes ☐ No *(Only one Individual or Corporate Director/Proprietor must be indicated. See Page 6)*

**12a. Name** Heron (Last) | Garfield (First) | (Middle)

**Job Title/ Occupation** Business man

**Present Nationality** Jamaican

*See page 10 for more details regarding other supporting documentation*

**Tel.**

**Cell** 954-871-6341

**Original Nationality** *(if different from present nationality)*

**18 Years or Over?** ☑ Yes ☐ No **Sex** ☐ Female ☑ Male

**Location** *(Building/Complex/Apt/Suite)*

**Street** 1 (Number) ~~Newliegh Lane~~ New leigh lane (Name)

**Town/District** Mandeville *(City/Town/District)*

**Post Office** Mandeville **P. O. Box**

**Parish** Manchester **Postal Code**

**Country** Jamaica

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

**Signature**

Garfield Heron

Digitally signed by Garfield Heron
Date: 2026.07.14 10:30:36 -05'00'

*(If creating a new company, complete the following fields if applicable)*

**Is this person also the Company Secretary?** ☐ Yes ☐ No

**Particulars of Any Other Directorship held** *(Complete only if the director has no other business occupation)*

**Company Name**

**Company Number** **Company TRN**

**Location** *(Building/Complex/Apt/Suite)*

**Street** (Number) (Name)

**Town/District** *(City/Town/District)*

**Post Office** **P. O. Box**

**Parish** **Postal Code**

**Country**

*Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or, occupation form part of the business (Example: "Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 &13*

**Field or Profession** **Expiry Date** *dd/mm/yyyy*

**Certifying Body** **Certification #**

**Have you provided the relevant certification as part of your application ?** ☐ Yes ☐ No

**12b. Name** Sutherland (Lost) | Joshua (First) | (Middle)

**Job Title/ Occupation** Businessman

**Present Nationality** Jamaican

*See page 10 for more details regarding other supporting documentation*

**Tel.**

**Cell** 876-318-3463

**Original Nationality** *(if different from present nationality)*

**18 Years or Over?** ✓ Yes ☐ No **Sex** ☐ Female ☑ Male

Location
Building/Complex/Apt/Suite

Street 5 Melwood Avenue
Number Name

Town/District Kingston
City/Town/District

Post Office Constant Spring P. O. Box

Parish St Andrew Postal Code 08

Country Jamaica

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

Joshua Sutherland

Digitally signed by Joshua Sutherland
Date: 2026.07.14 10:30:26 -05'00'

*(If creating a new company, complete the following fields if applicable)*

Is this person also the Company Secretary? ☑ Yes ☐ No

**Particulars of Any Other Directorship held** *(Complete only if the director has no other business occupation)*

Company Name

Company Number Company TRN

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

*Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or, occupation form part of the business (Example:"Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 &13*

Field or Profession Expiry Date
dd/mm/yyyy

Certifying Body Certification #

Have you provided the relevant certification as part of your application ? ☐ Yes ☐ No

12c. Name
Last First Middle

Job Title/ Occupation

Present Nationality *See page 10 for more details regarding other supporting documentation*

Tel. Cell

Original Nationality. *(if different from present nationality)*

18 Years or Over? ☐ Yes ☐ No Sex ☐ Female ☐ Male

Location
Building/Complex/Apt/Suite

Street
Number Name

Town/District
City/Town/District

Post Office P. O. Box

Parish Postal Code

Country

*(If creating a new company, complete the following fields if applicable)*

Is this person also the Company Secretary? ☐ Yes ☐ No

**Particulars of Any Other Directorship held** *(Complete only if the director has no other business occupation)*

Company Name

Company Number Company TRN

Location
Building/Complex/Apt/Suite

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

Street [ ] [ ]
Number Name

Town/District [ ]
City/Town/District

Post Office [ ] P. O. Box [ ]

Parish [ ] Postal Code [ ]

Country [ ]

***Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or, occupation form part of the business (Example:"Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 &13***

Field or Profession [ ] Expiry Date [ ]
dd/mm/yyyy

Certifying Body [ ] Certification # [ ]

Have you provided the relevant certification as part of your application ? ☐ Yes ☐ No

12d. Name [ ] [ ] [ ]
Last First Middle

Title/ Occupation [ ]

Present Nationality. [ ] *See page 10 for more details regarding other supporting documentation*

Tel. [ ] Cell [ ]

Original Nationality. [ ] *(if different from present nationality)*

18 Years or Over? ☐ Yes ☐ No Sex ☐ Female ☐ Male

Location [ ]
Building/Complex/Apt/Suite

Street [ ] [ ]
Number Name

Town/District [ ]
City/Town/District

Post Office [ ] P. O. Box [ ]

Parish [ ] Postal Code [ ]

Country [ ]

To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Signature

***(If creating a new company, complete the following fields if applicable)***

Is this person also the Company Secretary? ☐ Yes ☐ No

**Particulars of Any Other Directorship held** *(Complete only if the director has no other business occupation)*

Company Name [ ]

Company Number [ ] Company TRN [ ]

Location [ ]
Building/Complex/Apt/Suite

Street [ ] [ ]
Number Name

Town/District [ ]
City/Town/District

Post Office [ ] P. O. Box [ ]

Parish [ ] Postal Code [ ]

Country [ ]

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

*Only to be completed by applicants required to present certification from a Professional or Regulatory body when certain words referring to a trade, profession or, occupation form part of the business (Example:"Medical", "Engineer/Engineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 &13*

Field or Profession | Expiry Date (dd/mm/yyyy)

Certifying Body | Certification #

Have you provided the relevant certification as part of your application ? ☐ Yes ☐ No

*To add more directors/proprietors, fill-in Schedule 1 and attach it to the back of this form* Is Schedule Attached? ☐ Yes ☐ No

## SECTION C - Directors/Proprietors Information - Companies *(Complete ONLY if there is a Corporate Director/Proprietor)*

**Principal - Director/Proprietor Only** ☐ Yes ☐ No *(Only one Individual or Corporate Director/Proprietor must be indicated. See Page 2)*

13a Company Name

Company Number | Company TRN. | Date Incorporated (dd/mm/yyyy) | Classification of Company ☐ Private ☐ Public

Location (Building/Complex/Apt/Suite) | Tel1 | Tel2

Street (Number / Name) | Fax.

Town/District (City/Town/District)

Post Office | P. O. Box

Parish | Postal Code

Country

(Company Seal Should be Affixed If Required By The Company's Articles/Constitution)

**Two Officers are required to sign on behalf of the company**
(If Required By The Company's Articles/Constitution)

Name(1)
Last
First
Middle

Capacity ☐ Director ☐ Secretary ☐ Authorized Official

Signature

Date Signed

**Two Officers are required to sign on behalf of the company**
(If Required By The Company's Articles/Constitution)

Name(2)
Last
First
Middle

Capacity ☐ Director ☐ Secretary ☐ Authorized Official

Signature

Date Signed

13b Company Name

Company Number | Company TRN. | Date Incorporated | Classification of Company ☐ Private ☐ Public

Location (Building/Complex/Apt/Suite) | Tel1 | Tel2

Street (Number / Name) | Fax.

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Town/District

*City/Town/District*

Post Office | P. O. Box

Parish | Postal Code

Country

(Company Seal Should be Affixed If Required By The Company's Articles/Constitution)

**Two Officers are required to sign on behalf of the company**

(If Required By The Company's Articles/Constitution)

Name(1)

Last

First

Middle

Capacity ☐ Director ☐ Secretary ☐ Authorized Official

Signature

Date Signed

**Two Officers are required to sign on behalf of the company**

(If Required By The Company's Articles/Constitution)

Name(2)

Last

First

Middle

Capacity ☐ Director ☐ Secretary ☐ Authorized Official

Signature

Date Signed

***To add more company directors/proprietors, fill-in Schedule 2 and attach it to the back of this form***

Is Schedule Attached? ☐ Yes ☐ No

## SECTION D - Particulars of Company Secretary

***(When creating a company only, complete this section if no director was identified as the company secretary)***

Type of Secretary ☐ Individual ☐ Company

14. Name

Last | First | Middle

Job Title/ Occupation

Tel. | Cell | Nationality.

Company Name

Individual Address

Location

*Building/Complex/Apt/Suite*

Street

*Number* | *Name*

Town/District

*City/Town/District*

Post Office | P. O. Box

Parish | Postal Code

Country

Company's Registered Address

Location

*Building/Complex/Apt/Suite*

Street

*Number* | *Name*

Town/District

*City/Town/District*

Post Office | P. O. Box

Parish | Postal Code

Country

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

## SECTION E - GCT REGISTRATION *(Applying for GCT is ONLY applicable for New Companies)*

15. Applying For GCT ☐ Yes ☑ No *(If No, skip to SECTION F)*

16. Gross Income/Sales *(ie Projected Sales before Expenses)*

| | Monthly | Annual |
|---|---|---|
| GCT: | | |

17. Projected Start Date of Taxable Activities

GCT: *dd/mm/yyyy*

18. GCT Taxable Activities

Primary Activity *(For Official Use Only)*

Secondary Activity *(For Official Use Only)*

19. Would you like an officer from the Tax Department to contact you in order to explain your tax obligations? ☐ Yes ☐ No

20. If you have more than one place of business, state the number of GCT Certificates required

21. Are your accounts computerised? ☐ Yes ☐ No ☐ Partly

## SECTION F - TAX COMPLIANCE CERTIFICATE *(Applying for TCC is ONLY applicable for New Companies)*

22. Applying For TCC? ☑ Yes ☐ No *(If No, skip to SECTION G)*

23. Certificate is required for (Select one):

- ☐ Custom Clearance Only *(Please complete fields 24-28)*
- ☐ Contracts Only
- ☑ Multi-Purpose
- ☐ Other (Use Specify List)

24. Vessel

25. Date Reported *dd/mm/yyyy*

26. Document Type

- ☐ Airway Bill
- ☐ Bill of Sight
- ☐ Bill of Lading
- ☐ Detention Notice
- ☐ Wharf Order

27. Document Number

28. Description of Goods

## SECTION G - DECLARATION

29. To the best of my knowledge and belief, all the requirements of the Companies Act, Registration of Business Name Act, The Revenue Administration Act, National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a company have been complied with.

Name: Joshua (First)

Sutherland (Last)

Signature: Joshua Sutherland — Digitally signed by Joshua Sutherland Date: 2026.07.14 10:30:06 -05'00'

Position: Director *(State whether Proprietor, Partner, Director, Manager, Secretary, Office-holder in Club, Association, etc)*

Date: 14/07/2026 *dd/mm/yyyy*

ID Type *(Please use Declarant ID in Section I on Page 9)*

Email Address: joshuas97@hotmail.com

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RECEIVED
AUG 10 2026
COMPANIES OFFICE OF JAMAICA

RECEIVED
30 JUL 2026
Companies Office of Jamaica

RECEIVED
14 JUL 2026
Companies Office of Jamaica