CENTRAL BANK OF TRINIDAD & TOBAGO

Form PQD/S

PQD Supplement

To be completed by:

_____

Name of Licensee

(on behalf of Chief Executive Officer, Controllers and Officers of Insurance Companies)

As at December 31, 200__

Name of Chief Executive Officer, Controller, or Officer (Surname first)	**Relationship to Position in Company**	**Date of Appointment to Position**

…….. ……..

Company Stamp and Date Corporate Secretary/Director