



MERGER APPLICATION FORM

Prior to completing this merger application form, please refer to our **Merger Guidelines** at <http://tandftc.org/> to clarify what information and evidence may be required to assess your application.

Failure to provide sufficient information and evidence to the *Trinidad and Tobago Fair Trading Commission* (“*Commission*”) via our email address tandftc@gmail.com may render the application invalid.

1. General Information

The party who is making this application is

- the acquiring party
- the acquired party
- other party to the proposed transaction

Name of the party to the transaction for which this information is supplied

Address of the Head Office and principal offices of the party

Website address

Email Address:

Company Number:

(xxx-xxx-xxxx)

Fax Number:

(xxx-xxx-xxxx)

Name of primary individual to contact

Salutation:

Last Name:

First Name:

Position:

Mobile Number:

(xxx-xxx-xxxx)

Fax Number:

(xxx-xxx-xxxx)

Address:

Name of alternative individual to contact

Salutation:

Last Name:

First Name:

Position:

Mobile Number:

(xxx-xxx-xxxx)

Fax Number:

(xxx-xxx-xxxx)

Address:

2. Information required by each party to the proposed transaction

The Commission will give less weight to any submission which is unable to be supported by verifiable evidence. In this regard, where possible please provide additional information as appendices in the native or original electronic format. (e.g. Microsoft Word, (.doc or .docx), Microsoft PowerPoint (.ppt), Microsoft Excel (.xls), etc.) Documents which exist in hardcopy should be scanned and submitted to assist in quick and accurate identification of relevant information.

Kindly provide the following details about each party to the proposed transaction:

- 2.1 Full name and official addresses of the enterprises which propose to merge;
- 2.2 Full name and positions of senior officers;
- 2.3 The type of the proposed transaction in accordance to Section 13(1) FTA (s.13(1)), (*put an “X” in all the boxes that apply*);
 - Purchase or lease of shares
 - Purchase or lease of assets
 - Amalgamation
 - Combination
 - Joint Venture
 - Any other means through which influence over the policy of another enterprise is acquired,
please specify
- 2.4 Provide details on ownership and control such as distribution of shareholdings, articles of association);
- 2.5 Describe completely the nature of all relevant business conducted including the general product or geographic market;
- 2.6 Provide the gross worldwide assets for each of the enterprises engaged in the proposed transaction merger as at the last financial year;
- 2.7 Provide the total turnover for the last business year of:
 - 2.7.1 each enterprise engaged in the merger; and

2.7.2 each relevant group of companies worldwide.

3. Rationale for the Proposed Transaction

Provide the rationale for the proposed transaction e.g. the efficiencies that will likely result.

4. Additional Information

4.1 Do you carry on, or intend to carry on operations within the Republic of Trinidad and Tobago?

Yes

No

4.2 Do you fall under the jurisdiction of the Securities and Exchange Commission?

Yes

No

4.3 Have you notified the Securities and Exchange Commission about the intended merger?

Yes

No

4.4 Have there been any prior acquisitions by your organisation?

Yes

No

If yes, please fill in the information below:

Acquired Entity	
Former Headquarter Address	
Date of Acquisition	
Acquisition Type	<input type="checkbox"/> Purchase or lease of shares <input type="checkbox"/> Purchase or lease of assets <input type="checkbox"/> Amalgamation

	<input type="checkbox"/> Combination <input type="checkbox"/> Joint Venture <input type="checkbox"/> Any other means through which influence over the policy of another enterprise is acquired, please specify
Notes	

4.5 Any other information that the party considers relevant. (Parties are encouraged to consult the Merger Guidelines on the Commission’s website which provides a non-exhaustive list of the documents and information, which the Commission shall take into account, in its determination whether to grant permission or not).

5 Acknowledgement, consent and signature

I

(PRINT FULL NAME)

(PRINT POSITION/TITLE)

have reviewed the information in these documents submitted to the Commission and to the best of my knowledge is, true and correct.

Date signed

Signature of Applicant