

☐ Amended

CO #

Reason for amendment:



THE COMPANIES ACT
RETURN OF ALLOTMENT
(Pursuant to section 52 of the Companies Act 2004)

FORM 9

READ INSTRUCTIONS BEFORE COMPLETING

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

1A. NAME OF COMPANY

TAKE ME AWAY TOURS AND VACATIONS LIMITED

The name here must be consistent with the name stated on its **Certificate of Incorporation** or most recent **Change of Name Certificate** applicable to the period of the return of allotment.

1B. COMPANY REGISTRATION NUMBER

98765

1C. COMPANY TAXPAYER REGISTRATION NUMBER (TRN)

987-654-321

1D. COMPANY TELEPHONE NUMBER

876-978-6745

1E. EMAIL ADDRESS

TAKEMEAWAY@YAHOO.COM

1F. TYPE OF COMPANY

☒ Private ☐ Public

2. DATE OR PERIOD DURING WHICH SHARES WERE ALLOTTED

Please note that pursuant to section 52(1) of the Companies Act 2004, from the start to the end, the period cannot exceed 30 days.

(i) START Day 08 Month DECEMBER Year 2017

(ii) END Day 08 Month DECEMBER Year 2017

3. PARTICULARS OF SHARES ALLOTTED

| CLASS OF SHARES ALLOTTED | NUMBER OF SHARES ALLOTTED IN CLASS | VALUE OF EACH SHARE | AMOUNT ALLOTTED FOR CASH CONSIDERATION | AMOUNT ALLOTTED FOR NON-CASH CONSIDERATION |
|--------------------------|------------------------------------|---------------------|--|--|
| ORDINARY | 2000 | \$5.00 | 2000 | N/A |
| | | | | |
| | | | | |
| | | | | |

4. PARTICULARS OF SHARES FORFEITED, IF ANY

| CLASS OF SHARES FORFEITED | NUMBER OF SHARES FORFEITED | NAME OF ORIGINAL HOLDER OF SHARE | DATE OF FORFEITURE (DD/MM/YY) |
|---------------------------|----------------------------|----------------------------------|-------------------------------|
| N/A | | | |
| | | | |
| | | | |
| | | | |

FOR OFFICIAL USE ONLY

COMPANY #:

5. PARTICULARS OF ALLOTTEES**ALLOTTEE 1**

| | | | |
|--------------|---|------------|---------|
| FULL NAME | GAYLE KIMBERLY ALLEN | | |
| FULL ADDRESS | 10 EVERGLADES ROAD, GREENDALE, GREENDALE P.O., HANOVER, JAMAICA | | |
| NATIONALITY | JAMAICAN | OCCUPATION | STUDENT |

SHARES ISSUED FOR CASH CONSIDERATION

| CLASSES OF SHARES | NUMBER OF SHARES BEING ALLOTTED | AMOUNT (IF ANY) PAID ON EACH | AMOUNT (IF ANY) DUE ON EACH SHARE |
|-------------------|---------------------------------|---------------------------------|--------------------------------------|
| ORDINARY | 2000 | \$3.00 | \$2.00 |
| | | | |
| | | | |

SHARES ISSUED FOR NON-CASH CONSIDERATION

| CLASSES OF SHARES | NUMBER OF SHARES BEING ALLOTTED | AMOUNT TO BE TREATED AS PAID UP | BRIEF DESCRIPTION OF CONSIDERATION (eg, past services) |
|-------------------|---------------------------------|---------------------------------|---|
| N/A | | | |
| | | | |
| | | | |

ALLOTTEE 2

| | | | |
|--------------|-----|------------|--|
| FULL NAME | N/A | | |
| FULL ADDRESS | | | |
| NATIONALITY | | OCCUPATION | |

SHARES ISSUED FOR CASH CONSIDERATION

| CLASSES OF SHARES | NUMBER OF SHARES BEING ALLOTTED | AMOUNT (IF ANY) PAID ON EACH | AMOUNT (IF ANY) DUE ON EACH SHARE |
|-------------------|---------------------------------|---------------------------------|--------------------------------------|
| | | | |
| | | | |
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SHARES ISSUED FOR NON-CASH CONSIDERATION

| CLASSES OF SHARES | NUMBER OF SHARES BEING ALLOTTED | AMOUNT TO BE TREATED AS PAID UP | BRIEF DESCRIPTION OF CONSIDERATION (eg, past services) |
|-------------------|---------------------------------|---------------------------------|---|
| | | | |
| | | | |
| | | | |

ALLOTTEE 3

| | | | |
|--------------|-----|------------|--|
| FULL NAME | N/A | | |
| FULL ADDRESS | | | |
| NATIONALITY | | OCCUPATION | |

| SHARES ISSUED FOR CASH CONSIDERATION | | | |
|--------------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| CLASSES OF SHARES | NUMBER OF SHARES BEING ALLOTTED | AMOUNT (IF ANY) PAID ON EACH | AMOUNT (IF ANY) DUE ON EACH SHARE |
| | | | |
| | | | |
| | | | |

| SHARES ISSUED FOR NON-CASH CONSIDERATION | | | |
|--|---------------------------------|---------------------------------|---|
| CLASSES OF SHARES | NUMBER OF SHARES BEING ALLOTTED | AMOUNT TO BE TREATED AS PAID UP | BRIEF DESCRIPTION OF CONSIDERATION (eg. past services) |
| | | | |
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| | | | |

6. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

| | | | |
|---------------------------|---------------|----------|---|
| NAME OF DECLARANT | ALLISON ALLEN | CAPACITY | <input checked="" type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official |
| SIGNATURE OF DECLARANT | A.Allen | DATE | 10/12/2017 |

PRECEDENT

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7. FILED BY
PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA

| | |
|-------------------|---|
| NAME: | ALLISON ALLEN |
| COMPLETE ADDRESS: | 10 EVERGLADES ROAD, GREENDALE. GREENDALE P.O., HANOVER. JAMAICA |
| EMAIL ADDRESS: | AAA@YAHOO.COM |
| CONTACT NUMBER: | 876-232-3442 |
| FAX NUMBER | N/A |

8. ADDITIONAL PARTICULARS OF PERSON WHO SIGNED AT ITEM 6.

| NAME | TAXPAYER REGISTRATION NUMBER | EMAIL | CONTACT NUMBER |
|---------------|---------------------------------|---------------|----------------|
| ALLISON ALLEN | 111-111-111 | AAA@YAHOO.COM | 876-232-3442 |