



**GENERAL REGISTRY
DIRECTORS REGISTER INSPECTION FORM**

Official Use only	Receipt No.

CASH PAYMENTS ONLY

Date:		Email Address	
Name of person requesting Inspection		Name of Organization Requesting Inspection	
Companies to be Inspected		Name of company	
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
10			

Official Use Only
Registered? Y/N

Official Use Only	Total Number of Inspections		Cash Due	CI\$	US\$

The prescribed fee for **each inspection** of the list of the current directors/alternate of a company **is CI\$50 or US\$62.50.**

Note that a register of directors may be **BLANK.**

Applicant's Signature: _____