



#67 PICTON STREET, NEWTOWN, PORT OF SPAIN, TRINIDAD, W.I. ;Tel: (868) 622-3770/4781/622-0929, Fax: (868) 622-3751, Website: www.canto.org

Membership Application Form

1. Name of Company: _____
2. Registered Address: _____
3. Business Address: _____
4. Tel: _____ Fax: _____ Mobile: _____
5. Email: _____
6. Website: _____
7. Name of Company Liaison: _____
8. Job title: _____
9. Email of Company Liaison: _____

10. Type of Membership

a) **Full Membership**

Telecommunication operating companies

- | | | |
|--------------------------|---------------------------------------|-------------|
| <input type="checkbox"/> | less than 100,000 subscriptions | US \$ 4,500 |
| <input type="checkbox"/> | from 100,000 to 500,000 subscriptions | 8,500 |
| <input type="checkbox"/> | more than 500,000 subscriptions | 15,000 |

b) **International carriers** 15,000

c) **Affiliate Membership**

Corporate Entities

- | | | |
|---------------------------------|-------------------------------------|-------------|
| Small <input type="checkbox"/> | Revenues < US \$0.5M | US \$ 1,200 |
| Medium <input type="checkbox"/> | Revenues > US \$0.5M but < US \$ 5M | 2,000 |
| Large <input type="checkbox"/> | Revenues > US \$ 5M | 3,600 |

d) **Non Profit Organizations** 600

11. Phone of Company Liaison:

12. Name of any Subsidiaries: _____

13. Company Registration No.: _____ Date Registered: _____

14. Corporation Tax File No.: _____ Company's B.I.R. No. _____

15. Licence No.: _____

16. How long has the Company been in Operation: _____

17. Previous Name of Company: _____

18. Nature of Business: _____

19. Description of Business: _____

20. Type of Company: Private ___ Public ___ Charity/NGO ___ Business ___ Other ___

21. Type of Products and Services: _____

22. Annual Revenues \$ _____

23. Does Company belong to any trade, business or professional organization? If yes, provide details. _____

24. What is customer's reason for choosing this Association _____

25. Provide the full correct name, address, birth date, 2 pieces of identification, country of birth and profession, occupation or qualifications of two Directors and authorized signatory:

26. Attorney-at-Law/ Law Firm:

Name: _____

Address: _____

Tel.: _____

27. Name of Chief Executive Officer:

28. Name of Chief Financial Officer: _____

Email: _____ Tel: _____

29. We the duly authorized representatives of _____ declare and confirm that the information given by us in this application for membership is true and correct. We promise to abide by the terms of the account agreement and we consent to the Association's Due Diligence and verification procedures and to the retention of this application and all documents tendered by us by the Organisation. The account will be used only for the purpose for which it was applied.

Customer's Signature – Director

Date

Instructions:

1. Please submit a brief overview of your organization describing the nature of your business and your interest in the development of telecommunications in the Caribbean
2. Do not remit any fees to the Association with this application. You will be notified of your admission to membership in the appropriate category
3. Dues are payable on the 1st October of each year
4. Admission to membership is determined by the Board of Directors
5. Membership renews automatically each year unless notification of withdrawal is submitted in writing.

Policy – Members' Fees

- New Members joining CANTO will be required to pay fees according to the financial year of the association, i.e. October 1 to September 30.
- Therefore any fees paid within a year only cover the period up to 30 September and not beyond.
- New members joining during the months of April to July will be entitled to a 50% discount of the fees due, in that 1st year of joining
- New members joining during the months of August to September will be entitled to a 75% discount of the fees due, in that 1st year of joining
- A full year's fee is due at the beginning of the next financial year.

FOR INTERNAL USE ONLY Comments -

Interviewed By: _____

Date: _____

Documents required for all Company Accounts

- | | |
|--|--|
| Articles of Incorporation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Copy of Notice of registered Address | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • List of Directors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • 2 Copies of valid ID's for all Directors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • 2 Copies of valid ID's for all Authorised Signatories | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Company/Business Profile | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Official letter on Organisation's letterhead requesting membership | <input type="checkbox"/> Yes <input type="checkbox"/> No |