

 JAMAICA TRADE BOARD An Agency of The Ministry of Industry, Investment and Commerce	Title: Manufacturer / Exporter Authorized Signatory Form		
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Name of Registered Business: _____

Company TRN: _____

Registered Business Address: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Manager/Director(s) Information

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Signature: _____

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Signature: _____

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Signature: _____

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Signature: _____

DATE _____

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