

Schedule 2

ISSUER REGISTRATION STATEMENT
Sections 97(2), 97(3) and 97(4) of the Securities Act, 2001

FORM RS - 2

Select One: Annual Registration Issue of Securities

EAST CARIBBEAN FINANCIAL HOLDING COMPANY LIMITED

(Exact name of Company as set forth in Certificate of Incorporation)

Place and date of incorporation:

CASTRIES, ST LUCIA, OCTOBER 17, 2016

Street and postal address of registered office:

#1 BRIDGE STREET, P.O. BOX 1860, CASTRIES, ST LUCIA

Company telephone number: (⁷⁵⁸) 456-6000

Fax number: (⁷⁵⁸) 456-6702

Email address: ecfh@candw.lc

Financial year-end: DECEMBER 31 2022
(month) (day) (year)

Contact person(s): ROLF PHILLIPS
ESTHERLITA CUMBERBATCH

Telephone number (if different from above): () _____

Fax number: () _____

Email address: _____

Did the company file all reports required to be filed by Section 98 of the Securities Act, 2001 during the preceding 12 months?

Yes

No

Did the company file all reports required to be filed by the Companies Act during the preceding 12 months?

Yes

No

1. Description of the Industry in which the Company Operates

The company operates in the Banking and Financial services sector, where they offers domestic banking and Investment services through the branch network of its banking subsidiary; Bank of Saint Lucia Limited in St. Lucia

2. Exchanges on which the Company's Securities are Listed

Exchange(s)	Securities Type	No. of Shares	Valuation
ECSE	Ordinary Shares	24,465,589	

3. Description of Securities Being Offered (including who is the Issuer and who is the Offeror of the Securities)

Common Stock- ECFH as Issuer
Preferred or Preference Stock - ECFH as Issuer

4. Territories in which Securities are Being Offered

Territory	Effective Date
Eastern Caribbean	

5. Description of Share Capital

a) Authorised

TYPE/CLASS	No. OF SHARES
Common	unlimited
Preference	unlimited

b) Issued

TYPE/CLASS	No. OF SHARES
Common	24,465,589
Preference	830,000

c) Outstanding

TYPE/CLASS	No. OF SHARES

6. EXECUTIVE OFFICERS AND KEY PERSONNEL OF THE COMPANY

See Attached

Position:

Name: _____ Age: _____

Mailing Address: _____

Telephone No.: _____

List jobs held during past five years (including names of employers and dates of employment).
Give brief description of current responsibilities.

Education (degrees or other academic qualifications, schools attended, and dates):

Also a Director of the company Yes No

If retained on a part time basis, indicate amount of time to be spent dealing with company matters:

Use additional sheets if necessary.

7. DIRECTORS OF THE COMPANY **See Attached**

Information concerning non-Executive Directors:

Name: _____ Position: _____

Age: _____

Mailing Address: _____

Telephone No.:

List jobs held during the past five years (including names of employers and dates of employment). Give brief description of current responsibilities.

Education (degrees or other academic qualifications, schools attended, and dates):

Use additional sheets if necessary

8. SUBSTANTIAL SHAREHOLDERS

- (a) Principal owners of the company (those who beneficially own more than 5% of the common and preferred shares presently outstanding whether directly or indirectly) starting with the largest common shareholder. Indicate by endnote any transaction where the consideration was not cash. State the nature of any such consideration.

SECURITIES NOW HELD:

Name: Address:	Class of Shares:	No. of Shares:	% of Total
Government of Saint Lucia - Castries, St Lucia	Ordinary	4,893,118	20
Republic Bank Limited - Port of Spain - Trinidad & Tobago	Ordinary	2,722,084	11
National Insurance Corporation - Castries, St Lucia	Ordinary	6,116,478	25
National Insurance Corporation - Castries, St Lucia	Preference	830,000	30

- (b) Include all common shares issuable upon conversion of convertible securities and show conversion rate per share as if conversion has occurred.

UPON CONVERSION:

Name: Address:	Class of Shares:	Conversion Rate:	No. of Shares upon Conversion	% of Total*
National Insurance Corporation	Preference	\$5.00	250,000	100

* Current holding of shares if conversion option were exercised.

9. Name and Address of Parent N/A

Name:	Address:	Country of Incorporation:	Countries of Registration (where applicable)	Name of the Exchange(s) on which the company's securities are listed:

10. Name(s) and Address(es) of Subsidiary(ies)

Name:	Address:	Percentage Ownership:	Name of the Exchange(s) on which the company's securities are listed:
Bank of Saint Lucia Limited	#1 Bridge Street, Castries, St Lucia	100%	

11. Name(s) and Address(es) of Affiliate(s)

Name:	Address:	Name of the Exchange(s) on which the company's securities are listed:
Eastern Caribbean Amalgamated Bank	1000 Airport Boulevard, P.O. Box 315, Coolidge, St. Jor	N/A
Bank of Saint Vincent & the Grenadines	Reigate Building, Kingstown, St Vincent	ECSE

SIGNATURES

A Director, the Chief Executive and Corporate Secretary shall sign this Registration Statement on behalf of the company. By so doing each certifies that he has made diligent efforts to verify the material accuracy and completeness of the information herein contained.

Name of Chief Executive Officer:

Name of Director:

Rolf Phillips

Marcus Joseph

SIGNED AND CERTIFIED

SIGNED AND CERTIFIED

Signature

27 April 2023

Date

Signature

Date

Name of Corporate Secretary:

Estherlita Cumberbatch

SIGNED AND CERTIFIED

Signature

27 April 2023

Date