



Antigua and Barbuda Financial Services Regulatory Commission

CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDER ANNUAL ATTESTATION OF BENEFICIAL OWNERSHIP

Section 18A the Corporate Management and Trust Service Providers Act, 2008

GENERAL INFORMATION

In accordance section 18A of the Corporate Management and Trust Service Providers Act, 2008 ("the Act"), a licensee shall submit annually an attestation report to the Commission on beneficial ownership and control of the licensee's company.

SECTION I LICENSEE INFORMATION

Name of Licensee:

Licence Number:

Annual Attestation for the year ending:

ANNUAL ATTESTATION ON BENEFICIAL OWNERSHIP AND CONTROL

SECTION II PARTICULARS

Beneficial owner refers to the natural person(s) who ultimately owns or controls a customer and/or, the natural person on whose behalf a transaction is being conducted and/or, those persons who exercise ultimate effective control over a legal person or arrangement. Reference to "ultimately owns or controls" and "ultimate effective control" refers to situations in which ownership/control is exercised through a chain of ownership or by means of control other than by direct control."

a) The name and particulars of any person who owns fifteen percent (15%) or more of the company.

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	% Beneficial Ownership Held	Date Ownership began	Date Ownership Ceased

b) The name and particulars of any person who controls the company acting directly or indirectly and acting individually or jointly.

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	% Beneficial Ownership Held	Date Ownership began	Date Ownership Ceased

c) The name and particulars of any other natural person exercising ultimate effective control over the company.

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	% Beneficial Ownership Held	Date Ownership began	Date Ownership Ceased

d) The names and particulars of all directors and officers of the company.

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation

e) The name and particulars of any nominee who holds shares and ownership interests on behalf of a nominator.

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation

f) The name and particulars of the nominator.

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	% Beneficial Ownership Held	Date Ownership began	Date Ownership Ceased

SECTION III DECLARATION

I declare that the information listed on this document is true and correct to the best of my knowledge

Name of Authorized Signatory

Signature

Date

Please forward completed form with any supporting material to:

Manager of IBCs & CMTSPs

Financial Services Regulatory Commission

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