



Antigua and Barbuda Financial Services Regulatory Commission

THE CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDERS ACT, 2008 (Section 18B) NOTICE OF CHANGE

A licensee shall file with the Commission a notice of change of –

- a) the name and address of any new shareholder;
- b) the name and address of any shareholder who has an increase in the percentage of shares in the company and the new percentage of shares which the shareholder now owns;
- c) the name and address of any new person who controls the company acting directly or indirectly, and acting individually or jointly;
- d) the name of any new director and/or officer;
- e) the name and address of any other new natural person exercising ultimate effective control over the company;
- f) the name of any new nominator;
- g) the address of the registered office of the company; and
- h) any other information which the Commission may require from time to time.

**A notice of change must be filed with the Commission no later than fourteen (14) days from the date of the change.
A notice of change must be filed in the prescribed form.**

A company that fails to file a notice of change, in accordance with the Act, is liable for the payment of penalties as follows:

- (a) If the change is filed after the 15 business days but within 30 business days, a penalty of US\$50.00, plus the regular filing fee.
- (b) if the change is made after 30 business days but within 60 business days – a penalty of USD100.00, plus the regular filing fee.
- (c) if the change is filed after 60 business days but within 90 business days a penalty of US\$200 plus the regular filing fee.
- (d) after 90 business days a penalty of US\$500 plus the regular filing fee.

The form can be downloaded from our website in Adobe Acrobat format and can be completed by entering information directly into the form. Alternatively, the form can be printed and completed with the use of a typewriter. Any information provided on additional sheets must be signed and dated. Where there is a question which is not applicable, please write “N/A” beside the question. All dates should be completed in the form: Day/Month/Year.

We hereby file a Notice of Change, in accordance with the Corporate Management and Trust Service Providers Act, 2008.

1. Date of Notice:

SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP/Trustee)

2. Name and address of Corporate Management and Trust Service Provider:

Contact Person:	
Name of CMTSP:	
Licence Number:	

Address:			
Telephone Number:		Mobile Number:	
Fax Number:		E-mail Address:	

SECTION: II FILING OF CHANGE

5. The following change(s) were made:

a) The name and address of any new shareholder.

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

b) The name and address of any shareholder removed:

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	Date of Cessation	Reason for Cessation
									Resignation: <input type="text"/>
									Death: <input type="text"/>
									Resignation: <input type="text"/>
									Death: <input type="text"/>

c) The name and address of any shareholder who has an increase in the percentage of shares in the company and the new percentage of shares which the shareholder now owns.

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

d) The name and address of any new 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	% of Beneficial Ownership Held

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e) The name of any new director and/or officer.

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

f) The name and address of any director and/or officer removed:

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	Date of Cessation	Reason for Cessation
									Resignation: <input type="checkbox"/>
									Death: <input type="checkbox"/>
									Resignation: <input type="checkbox"/>
									Death: <input type="checkbox"/>

g) The name and address of any other new 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	% of Beneficial Ownership Held

h) The name of any new nominator.

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

i) The name and address of any nominator removed:

Name	Date of Birth	Place of Birth	ID Type	ID #	Date of Expiration	Nationality	Residential Address	Date of Cessation	Reason for Cessation
									Resignation: <input type="checkbox"/>
									Death: <input type="checkbox"/>
									Resignation: <input type="checkbox"/>

									Death: <input type="checkbox"/>
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SECTION III DECLARATION

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

SECTION: IV AUTHORIZATION

Authorized Name:		Signature:	
Title:		Date:	

SECTION: V CONTACT DETAILS

Please forward completed form with any supporting material to:

Manager of IBCs & CMTSPs

Financial Services Regulatory Commission

P.O. Box 2674, St. John's, Antigua

Tel: (268) 481-1194 • **Fax:** (268) 463-0422

Email: registryandCMTSP@fsrc.gov.ag

Website: <http://www.fsrc.gov.ag>