



Antigua and Barbuda Financial Services Regulatory Commission

THE INTERNATIONAL FOUNDATIONS ACT, 2007 (Section 18B) NOTICE OF CHANGE

A corporate management and trust service provider shall file with the Commission a notice of change of –

- (a) the name and address of any person who controls the foundation acting directly or indirectly, and acting individually or jointly;
- (b) the name of any new foundation members;
- (c) the name of any new beneficiaries;
- (d) the address of the registered office of the foundation; and
- (e) 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 fifteen (15) 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 International Foundations Act, 2007.

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 DETAILS OF INTERNATIONAL FOUNDATION

3. Name and address of Foundation:

Name of Foundation:	
Registration No.:	
Operating Address:	

4. Name and address of Registered Office:

Name of Registered Office:	
Address of Registered Office:	

SECTION: III FILING OF CHANGE

5. The following change(s) were made:

a) the name and address of any person who controls the foundation 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

b) the name of any new foundation members;

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

c) The name and address of any foundation members 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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d) the name of any new beneficiaries;

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

e) The name and address of any beneficiaries 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"/>

f) The address of the new registered office of the trust.

Name of Trust	New Registered Address	Effective Date of Change

**SECTION VI
DECLARATION**

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

SECTION: V AUTHORIZATION

Authorized Name:		Signature:	
Title:		Date:	

SECTION: VI 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>