



# Antigua and Barbuda Financial Services Regulatory Commission

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

A trustee shall file with the Commission a notice of change of -

- a) the name and address of any new trustee, settlor, beneficiary or protector;
- b) the name and address of any new natural person exercising ultimate effective control over the trust;
- c) the name and address of any new nominator;
- d) the address of the registered office of the trust; 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 fourteen (14) days from the date of the change.**

**A notice of change must be filed in the prescribed form.**

**A trustee 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 14 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 Trust Act, 2007 (as amended) for the following trust.

**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:	
Website address			

## SECTION: II DETAILS OF INTERNATIONAL TRUST

### 3. Name and address of International Trust:

Name of Trust:

Trust Registration:

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 new Trustee:

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

#### b) The name and address of any trustee 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"/>

#### c) The name and address of any new beneficiary:

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

#### d) The name and address of any beneficiary 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="text"/>
									Resignation: <input type="text"/>
									Death: <input type="text"/>

**e) The name and address of any new protector:**

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 protector 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"/>

**g) The name and address of any other new natural person exercising ultimate effective control over the trust.**

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="text"/>

									Death: <input type="checkbox"/>
									Resignation: <input type="checkbox"/>
									Death: <input type="checkbox"/>

**j) The address of the new registered office of the trust.**

Name of Trust	New Registered Address	Effective Date of Change

**SECTION IV  
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:	<input type="text"/>	Signature:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>

**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>