

ANTIGUA AND BARBUDA



**CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDERS ACT
(PRESCRIBED FORMS) REGULATIONS, 2024**

STATUTORY INSTRUMENTS

2024, No. 41

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ANTIGUA AND BARBUDA

**CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDERS ACT
(PRESCRIBED FORMS) REGULATIONS, 2024**

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ANTIGUA AND BARBUDA
CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDERS ACT
(PRESCRIBED FORMS) REGULATIONS, 2024

STATUTORY INSTRUMENTS

2024, No. 41

CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDERS ACT
(PRESCRIBED FORMS) REGULATIONS, 2024, made in exercise of the powers contained
in section 32 of the Corporate Management and Trust Service Providers Act, 2008, No. 20 of
2008.

1. Citation

These Regulations may be cited as the Corporate Management and Trust Service Providers Act (Prescribed Forms) Regulations, 2024

2. Interpretation

In these Regulations, “the Act” means the Corporate Management and Trust Service Providers Act 2008, No. 20 of 2008.

3. Prescribed form for section 18A – Annual Attestation report on beneficial ownership and control


The prescribed form required to be used pursuant to section 18A of the Act shall be in the First Schedule to these Regulations.

4. Prescribed form for section 18B – Filing change of information form

The prescribed form required to be used pursuant to section 18B of the Act shall be in the Second Schedule to these Regulations.

FIRST SCHEDULE
ANNUAL ATTESTATION REPORT FORM

(Regulation 3)

	<p>Antigua and Barbuda Financial Services Regulatory Commission</p>
<p>CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDER ANNUAL ATTESTATION OF BENEFICIAL OWNERSHIP <small>Section 18A the Corporate Management and Trust Service Providers Act, 2008</small></p>	
<p>GENERAL INFORMATION</p>	
<p>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.</p>	
<p>SECTION I LICENSEE INFORMATION</p>	
Name of Licensee:	<input style="width: 70%;" type="text"/>
Licence Number:	<input style="width: 70%;" type="text"/>
Annual Attestation for the year ending:	<input style="width: 70%;" type="text"/>
<p>ANNUAL ATTESTATION ON BENEFICIAL OWNERSHIP AND CONTROL</p>	
<p>SECTION II PARTICULARS</p>	
<p><i>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."</i></p>	

**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

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>



SECOND SCHEDULE
NOTICE OF CHANGE OF INFORMATION FORM

(Regulation 4)

	<p>Antigua and Barbuda Financial Services Regulatory Commission</p> <p>THE CORPORATE MANAGEMENT AND TRUST SERVICE PROVIDERS ACT, 2008 (Section 18B) NOTICE OF CHANGE</p>
<p>A licensee shall file with the Commission a notice of change of –</p> <ol style="list-style-type: none"> 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. 	
<p>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.</p>	
<p>A company that fails to file a notice of change, in accordance with the Act, is liable for the payment of penalties as follows:</p> <ol style="list-style-type: none"> (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. 	
<p>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.</p>	
<p>We hereby file a Notice of Change, in accordance with the Corporate Management and Trust Service Providers Act, 2007.</p>	
<p>1. Date of Notice: <input style="width: 150px;" type="text"/></p>	
<p>SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP)</p>	
<p>2. Name and address of Corporate Management and Trust Service Provider:</p>	
Contact Person:	<input style="width: 90%;" type="text"/>
Name of CMTSP:	<input style="width: 90%;" type="text"/>
Licence Number:	<input style="width: 90%;" type="text"/>

Registered Address:										
Telephone Number:										
Fax Number:					Email Address					
SECTION: II FILING OF CHANGE										
a) The name and particulars of any new shareholder.										
Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address		% of Beneficial Ownership Held	
b) The name and particulars of any outgoing shareholder.										
Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address		Date shareholding ceased	
c) The name and particulars 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 Number	Date of Expiration	Nationality	Residential Address	New % of Shares Held	Date % of shares increased	
d) The name and particulars 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 Number	Date of Expiration	Nationality	Residential Address		% of Beneficial Ownership Held	
e) The name and particulars of any new director and/or officer.										

Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address	Date of appointment
f) The name and particulars of any director or officer removed.								
Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address	Date of removal
g) The name and particulars of any other new natural person exercising ultimate effective control over the company.								
Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address	% of Beneficial Ownership Held
h) The name and particulars of any nominee who is a legal owner and acts on behalf of a nominator								
Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address	Date of appointment
i) Name and particulars of any nominator who may be the beneficial owner of the interest of the legal person								
Name	Date of Birth	Place of Birth	ID Type	ID Number	Date of Expiration	Nationality	Residential Address	% of Beneficial Ownership Held
j) address of new registered office, if applicable								
Address particulars								Effective date

SECTION III DECLARATION			
I declare that the information listed on this document is true and correct to the best of my knowledge.			
SECTION: VII AUTHORIZATION			
Authorized Name:	<input type="text"/>	Signature:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>
SECTION: VIII 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) 463 1194 • Fax: (268) 463 0422 Email: regulatory@CMTSP@fin.gov.ag Website: http://www.fsrc.gov.ag			

Made this 23rd day of May, 2024

Hon. Gaston Brown,
Minister of Finance and Corporate Governance.