

ANTIGUA AND BARBUDA



INTERNATIONAL TRUST ACT (PRESCRIBED FORMS) REGULATIONS, 2024
STATUTORY INSTRUMENTS

2024, No. 43

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ANTIGUA AND BARBUDA

**INTERNATIONAL BUSINESS CORPORATIONS ACT (PRESCRIBED FORMS)
REGULATIONS, 2024**

ARRANGEMENT OF REGULATIONS

REGULATION

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FIRST SCHEDULE

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ANTIGUA AND BARBUDA
INTERNATIONAL TRUST ACT (PRESCRIBED FORMS) REGULATIONS, 2024
STATUTORY INSTRUMENTS
2024, No. 43

INTERNATIONAL TRUST ACT (PRESCRIBED FORMS) REGULATIONS, 2024, made in exercise of the powers contained in section 93 of the International Trust Act 2007, No. 18 of 2007.

1. Citation

These Regulations may be cited as the International Trust Act (Prescribed Forms) Regulations, 2024.

2. Interpretation

In these Regulations, “the Act” means the cited as the International Trust Act 2007, No. 18 of 2007.

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 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 18A of the Act shall be in First Schedule to these Regulations.

FIRST SCHEDULE
ANNUAL ATTESTATION REPORT FORM

(Regulation 3)



Antigua and Barbuda Financial Services Regulatory Commission

THE INTERNATIONAL TRUSTS
ANNUAL ATTESTATION OF BENEFICIAL OWNERSHIP
Section 18A of the International Trusts Act, 2007

GENERAL INFORMATION

In accordance section 18A of the International Trust Act, 2007 ("the Act"), a trust shall submit annually an attestation report to the corporate management and trust service provider (hereinafter "provider") on the beneficial ownership and control of the trust.

SECTION I
COMPANY INFORMATION

Name of the Trust:	
Registration Number:	
Annual Attestation for the year ending:	

ANNUAL ATTESTATION ON BENEFICIAL OWNERSHIP AND CONTROL

SECTION II
PARTICULARS

Beneficial owner" refers to the identity of the settlor, the trustee(s), the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust (including through a chain of control/ownership). Reference to "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."

e) The name and particulars of any other 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	Date Control began	Date Control 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

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


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

registryandCMTSP@fsrc.gov.ag

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

SECOND SCHEDULE
NOTICE OF CHANGE OF INFORMATION FORM

(Regulation 4)

	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: <input type="text"/>	
SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP/Trustee)	
2. Name and address of Corporate Management and Trust Service Provider:	
Contact Person:	<input type="text"/>
Name of CMTSP:	<input type="text"/>
Licence Number:	<input type="text"/>
Address:	<input type="text"/>
Telephone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Mobile Number:	<input type="text"/>
E-mail Address:	<input type="text"/>
Website address	<input type="text"/>

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"/>	

(I) The address of the new registered office of the trust 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"/>
									Resignation: <input type="checkbox"/>
									Death: <input type="checkbox"/>

**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:	Signature:
Title:	Date:

SECTION: VIII CONTACT DETAILS

Please forward completed form with any supporting material to:
Manager of IBCs & CMTSPs
Financial Services Regulatory Commission
 P.O. Box 2574, St. John's, Antigua
 Tel: (268) 481-1194 • Fax: (268) 463-0422
 Email: registryandCMTSP@fsrc.gov.ag
 Website: <http://www.fsrc.gov.ag>

Made this 23rd day of May, 2024

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