



Antigua and Barbuda Financial Services Regulatory Commission

The Corporate Management and Trust Service Providers Act, 2008 [Section 6] as Amended

SCHEDULE A(1) – FORM (1): APPLICATION BY ATTORNEY OR PROFESSIONAL FOR LICENCE

Please forward completed form with any supporting material to:

Manager, IBCs & CMTSPs

Financial Services Regulatory Commission

P.O. Box 2674
Royal Palm Place
Friars Hill Road
St. John's, Antigua

Tel: (268) 481-1170 • **Fax:** (268) 463-0422

Email: registryandCMTSP@fsrc.gov.ag

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

SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE A(1) – FORM (1): APPLICATION BY ATTORNEY OR PROFESSIONAL FOR LICENCE

1. This application must be submitted with all supporting documentation listed at the end of the form and a non-refundable application fee.
2. This form can be downloaded from the Commission’s website in Adobe Acrobat format, and completed online. Alternatively, the form may be printed and completed with the use of a typewriter, or **black ink** and **BLOCK CAPITALS** or typescript.
3. Any information provided on additional sheets must be signed and dated.
4. Where there is a question which is not applicable, please write “N/A” beside the question.
5. All dates must be completed in the form: Day/Month/Year.
6. Questions left unanswered or which do not disclose all information will affect the Commission’s assessment, and may result in significant delays in processing.
7. A licence to engage in corporate management services is valid for a period not exceeding twelve (12) months from the date on which it takes effect and must be prominently displayed on the premises where the business of the corporate management service provider is carried on. If the licensee has a website or other presence on the internet, the licensee’s licence number and class of licence should be prominently displayed on each web page.
8. In accordance with Section 27(2), a person commits an offence if, for the purposes of obtaining a licence, he or she makes any representation that he or she knows to be false or does not believe to be true. That person will be liable on summary conviction, to a fine not exceeding one hundred thousand United States Dollars (US\$100,000); or to a term of imprisonment not exceeding twelve (12) months.

1. Date of Application: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Application Fee attached
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SECTION II. CONTACT DETAILS

2. Name of Applicant: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Identity Information attached
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3. Principal Office Information:	<input type="checkbox"/> Proof of address attached
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Business Address:	<input style="width: 95%;" type="text"/>		
Contact Person:	<input style="width: 95%;" type="text"/>		
Telephone Number:	<input style="width: 95%;" type="text"/>	Fax Number:	<input style="width: 95%;" type="text"/>
Mobile Number:	<input style="width: 95%;" type="text"/>	E-mail Address:	<input style="width: 95%;" type="text"/>

4. Website address, if any:	<input style="width: 95%;" type="text"/>
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SECTION III. PERSONAL DETAIL

5. Have you ever had your name changed?	<input type="checkbox"/> Yes (Give reasons for the change)	<input type="checkbox"/> No
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<input style="width: 95%;" type="text"/>
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6. Previous names:	<input style="width: 95%;" type="text"/>
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7. Date of change:	<input style="width: 95%;" type="text"/>	Place of Change: <input style="width: 95%;" type="text"/>
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8. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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9. Date of birth:		Place of birth:	
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10. Citizenship:	<input type="checkbox"/> Passport Biography Page attached
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11. Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
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12. List your residence for the last ten (10) years:	<input type="checkbox"/> Proof of current address attached
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Address (1):		Start Date:		End Date:	
Address (2):		Start Date:		End Date:	
Address (3):		Start Date:		End Date:	
Address (4):		Start Date:		End Date:	

SECTION IV. EDUCATION/QUALIFICATION/EMPLOYMENT HISTORY

13. Education: Name of Institution, Address, Degree awarded (BSc., MBA, LLC, etc.)	<input type="checkbox"/> Academic Qualifications Attached
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Institution (1):					
Address:					
Business Number:		E-mail Address:			
Degree Awarded:		Date Awarded:			

Institution (2):					
Address:					
Business Number:		E-mail Address:			
Degree Awarded:		Date Awarded:			

14. List any professional certificates issued by any recognized/authorized institution which you currently hold or have held in the past such as CAMS, ACCA, CMA, CPA, CGA, STEP. (State the date the certificate was issued, issuer of certificate):	
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	<input type="checkbox"/> Professional Qualifications Attached
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Institution (1):					
Address:					
Telephone Number:		E-mail Address:			
Certificate Issued:		Date Issued:			

Institution (2):					
Address:					
Telephone Number:		E-mail Address:			
Certificate Issued:		Date Issued:			

15. List membership in professional societies and associations:	<input type="checkbox"/> Membership Information Attached
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Institution (1):					
Address:					
Telephone Number:		E-mail Address:			
Membership Number:		Status of Membership:			

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Institution (2):			
Address:			
Telephone Number:		E-mail Address:	
Membership Number:		Status of Membership:	

16. During the last ten (10) years, have you ever been refused a professional, occupational or vocational licence by any public or governmental licensing agency or regulatory authority, or has any such licence held by you ever suspended or revoked?

Yes (Give details) No

Licensing Agency:			
Address:			
Contact Person:		Telephone Number:	
E-mail Address:		Type of Licence Issued:	
Date Issued:		Date Revoked/Suspended:	

Reasons for Revocation/Suspension:

17. Name of last employer: Curriculum Vitae attached Employment Reference attached

Employer :			
Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	
Title/Position:		Type of Business:	
Employed From :		Employed To:	

Reasons for Leaving:

Resignation End of Contract Retirement Dismissal Other

SECTION V. REPUTATION AND CHARACTER

Police Certificate attached Character Reference attached Financial Reference attached

18. Are any criminal charges pending against you? Yes (Give details) No

19. Are you the subject of any regulatory investigation or is any such investigation pending? Yes (Give details) No

20. Has there been any adverse finding or settlement against you in civil proceedings? Yes (Give details) No

21. Have you ever been suspended or dismissed from any office or asked to resign? Yes (Give details) No

22. (a) Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanour involving embezzlement, theft, larceny, or fraud, or charging a violation or any corporate securities statute or any international financial services statutes, money laundering statutes, or have been the subject of any disciplinary proceeding of any governmental or state regulatory agency?

Yes (Give details) No

(b) Have you ever acted in a similar position for another entity registered under the laws of any jurisdiction providing similar services as defined in the Act; and if so did the entity become bankrupt or insolvent while you were in that position?

Yes (Give details) No

23. Has the certificate of authority or licence to do business of any of the international financial services entity/entities of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?

Yes (Give details) No

24. Have you ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of the company, partnership or unincorporated company?

Yes (Give details) No

25. Have you in the connection with the formation or management of any body corporate, partnership, or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

Yes (Give details) No

26. Have you, your company or your employer previously dealt on a regular basis with any person carrying on a relevant activity (incorporations, directorship services, trust services, registration of companies, etc.) who has, to your knowledge, at any time indicated that he is unwilling to effect further transactions with you, your company or your employer, by reason of any act or omission by you?

Yes (Give details) No

27. Do you (in your capacity or through any entity controlled by you) have outstanding debt of any amount sixty (60) or more days in arrears?

Yes (Give details) No

28. (a) Have you ever been adjudged by a court, your estate sequestrated, or entered into any compromise with creditors, or are you currently the subject of bankruptcy proceedings or proceedings for the sequestration of your estate?

Yes (Give details) No

(b) Are you aware of any such proceedings pending?

Yes (Give details) No

(c) Have you ever failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of the court?

Yes (Give details) No

SECTION VI. RELATED OR OTHER INTERESTS

29. Are you a director of any company, partnership, corporate body or any other business organization engaged in a similar business?

Yes (Give details) No

Company (1):

Address:

Type of Business:

Contact Person:

Telephone Number:

E-mail Address:

Start date:

End Date:

Company (2):

Address:

Type of Business:

Contact Person:

Telephone Number:

E-mail Address:

Start date:

End Date:

30. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any international financial services entity/entities which, while you occupied any such position or capacity with respect to it, become bankrupt or insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

Yes (Give details) No

Company:

Address:

Type of Business:

Contact Person:

Telephone Number:

E-mail Address:

Start date:

End Date:

Give Details:

SECTION VII. NATURE OF THE BUSINESS

31. Complete the table below by indicating with tick marks the activity or activities which the applicant proposes to carry on within or from Antigua and Barbuda for which a licence under the Corporate Management and Trust Service Providers Act is required. Additionally, indicate in the box, to the right, the number of activities, to date, where applicable:

The administration of corporate management for profit or reward in or from within Antigua and Barbuda;

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<input type="checkbox"/>	The carrying on of corporate management services in or from Antigua and Barbuda, including on-line corporate management services;	
<input type="checkbox"/>	The registration, incorporation or management and administration of international business corporations incorporated or existing under the International Business Corporations Act Cap. 222; Indicate the number of IBCs currently under management;	
<input type="checkbox"/>	The registration, incorporation or management and administration of companies incorporated or registered as external companies under the Companies Act 1995; Indicate the number of companies currently under management;	
<input type="checkbox"/>	The registration or management and administration of international limited liability companies under the International Limited Liability Companies Act; Indicate the number of companies currently under management;	
<input type="checkbox"/>	The registration or management and administration of companies registered or incorporated under the International Foundation Act; Indicate the number of companies currently under management;	
<input type="checkbox"/>	The provision of registered agent and registered office services for IBCs, external companies; LLCs; and Foundations;	
<input type="checkbox"/>	The provision of director or officer services for IBCs, external companies; LLCs; and Foundations; Indicate the number;	
<input type="checkbox"/>	The provision of nominee shareholders for IBCs, external companies; LLCs; and Foundations; Indicate the number;	
<input type="checkbox"/>	The preparation and filing of statutory documents on behalf of IBCs, external companies; LLCs; and Foundations;	
<input type="checkbox"/>	The provision of asset management services not otherwise regulated by the Commission or other Authority;	
<input type="checkbox"/>	The provision of manager or the officer services for corporations and IBCs, external companies; LLCs; and Foundations;	
<input type="checkbox"/>	The provision of partners for partnerships registered under any law in force in Antigua and Barbuda;	
<input type="checkbox"/>	Acting as protector of a foundation registered under the International Foundations Act; Indicate the number of companies;	
<input type="checkbox"/>	Acting as custodian of bearer shares; Indicate the number of companies;	
<input type="checkbox"/>	Signatory authority or other control over accounts or assets of an Entity; Indicate the number of companies;	
<input type="checkbox"/>	Other administrative, secretarial or clerical services for corporations and IBCs, external companies; LLCs; and Foundations;	

32. Indicate Class of Licence under the Corporate Management and Trust Service Providers Act required:

<input type="checkbox"/> Class A Licence	<ul style="list-style-type: none"> ● Entity incorporation, registration or organization; ● Preparing and filing statutory documents on behalf of the Entity; ● Acting as registered agent for an Entity; ● Providing registered offices in Antigua and Barbuda for Entities; and ● Other administrative, secretarial or clerical services for Entities which do not include a signatory authority or other control.
<input type="checkbox"/> Class B Licence	<ul style="list-style-type: none"> ● Entity incorporation, registration or organization; ● Preparing and filing statutory documents on behalf of the Entity; ● Acting as registered agent for an Entity; ● Providing registered offices in Antigua and Barbuda for Entities; ● Other administrative, secretarial or clerical services for Entities; ● Signatory authority or other control over accounts or assets of an Entity; ● Acting as a director, manager, shareholder, member or officer of Entities; and ● Acting as a Protector for a trust or foundation.

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<input type="checkbox"/> Class C Licence	<ul style="list-style-type: none"> ● Entity incorporation, registration or organization; ● Preparing and filing statutory documents on behalf of the Entity; ● Acting as registered agent for an Entity; ● Providing registered offices in Antigua and Barbuda for Entities; ● Other administrative, secretarial or clerical services for Entities; ● Signatory authority or other control over accounts or assets of an Entity; ● Acting as a director, manager, shareholder, member or officer of Entities; ● Acting as a Protector for a trust or foundation; ● The provision of financial or asset management services not otherwise regulated by the Commission or another Authority; and ● Acting as a trustee of a trust or member of a foundation council.
<input type="checkbox"/> Class D Licence	<ul style="list-style-type: none"> ● Acting as a custodian of bearer shares.
<input type="checkbox"/> Class E Licence	<ul style="list-style-type: none"> <input type="checkbox"/> Providing any service under Class A and Class D. <input type="checkbox"/> Providing any service under Class B and Class D. <input type="checkbox"/> Providing any service under Class C and Class D.

33. Date of commencement of service(s):		
34. Financial year of applicant:		<input type="checkbox"/> Audited business plan/financial statement attached
35. Name of external auditor:		<input type="checkbox"/> Schedule E attached
36. Level of insurance coverage held or proposed:		<input type="checkbox"/> Evidence of insurance/bond attached

SECTION VIII. SEGREGATED ACCOUNT INFORMATION

37. Clients' money accounts are managed Yes (Clients' authorization attached) No

If "yes" state the name(s) and address(es) of the banks with whom such accounts are maintained, or with whom the applicant intends to open such accounts: (Please attach additional accounts on a separate sheet). Clients' account letter(s) attached

Bank Name (1):			
Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	
Account Name:		Account Number:	

Bank Name (2):			
Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	
Account Name:		Account Number:	

38. Name(s) and address(es) of banks with whom office accounts are maintained (as appropriate), or at which the applicant intends to open such accounts. List the applicant's main bankers first:

(Bank Reference Letter Attached)

Bank Name (1):			
Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	
Account Name:		Account Number:	

Bank Name (2):			
Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	
Account Name:		Account Number:	

SECTION IX. COMPLIANCE PROGRAM INFORMATION

39. The applicant complies with the Money Laundering Prevention Act and the Prevention of Terrorism Act.	<input type="checkbox"/> Yes (Compliance Manual attached)	<input type="checkbox"/> No
40. The compliance manual addresses the requirements captured in the Corporate Management and Trust Service Providers Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. The applicant has documented AML/CFT policies and procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. The AML/CFT policies and procedures are fully implemented.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. The applicant has conducted a risk assessment of its services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. The applicant has an AML/CFT training program in place for staff.	<input type="checkbox"/> Yes (AML training schedule attached)	<input type="checkbox"/> No
45. The applicant has a designated compliance officer.	<input type="checkbox"/> Yes (Schedule B attached)	<input type="checkbox"/> No
46. The applicant screens its customers against established databases such as OFAC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. The applicant has an independent AML audit review program in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION X. DECLARATION

DECLARATION: This declaration must be signed by the declarant.

I hereby certify that I am acting on my own behalf and that all the information provided with and within this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief. I further undertake to inform the Commission without delay of any changes to the information supplied with and within this form.

I hereby understand and consent that the Financial Services Regulatory Commission ("Commission") may wish to make enquiries both now and on a continuous basis to satisfy itself as to my initial and continuing fitness and properness. I authorize the bank named in this Questionnaire, together with any other person, body or institution (including the police) which the Commission may approach, to provide such information as the Commission believes may be relevant to its assessment.

Declarant' Name:			
Declarant's Title/Position:			
Signature:		Date:	

SECTION XI. DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION

Documents	Notes	Attached
1. Application Fee	A onetime non-refundable application fee of US\$1,000, payable to the Financial Services Regulatory Commission.	<input type="checkbox"/>
2. Identification Information	A certified copy of two (2) of the following: social security card, driver's licence, voter's registration card or other form of official picture identification.	<input type="checkbox"/>
3. Applicant's Address Information	An original copy of a utility bill or similar document showing proof of principal address of the applicant's place of business.	<input type="checkbox"/>
4. Passport Information	A certified copy of the biographical passport page showing the photograph of the individual.	<input type="checkbox"/>
5. Residential Address Information	An original copy of a utility bill or similar document showing proof of the applicant's residential address.	<input type="checkbox"/>
6. Academic Qualifications	Certified proof of stated higher academic qualifications such as copies of Masters, Bachelors degree, etc.	<input type="checkbox"/>
7. Professional Qualifications	Certified proof of professional qualifications, CPA, CGA, CPE, etc.	<input type="checkbox"/>
8. Membership Information	Certified proof of membership to professional bodies.	<input type="checkbox"/>
9. Curriculum Vitae	Recent curriculum vitae listing current and previous employment history and educational information.	<input type="checkbox"/>
10. Employment Reference	A letter of reference from last employer, if employed in current position for less than ten (10) years.	<input type="checkbox"/>
11. Police Certificate	Original copy of police certificate from Antigua and Barbuda and last country of residence if living in Antigua and Barbuda for less than ten (10) years.	<input type="checkbox"/>
12. Character Reference	A letter of character reference from an individual who can satisfy the Commission that the applicant has never been convicted of a serious crime or any offence involving dishonesty.	<input type="checkbox"/>
13. Financial Reference	A letter of financial reference from an individual who can satisfy the Commission that you have conducted your financial affairs with integrity.	<input type="checkbox"/>
14. Business Plan/Financial Statements	A business plan (with projections spanning a minimum period of two (2) years) for applicants with newly established businesses or the last two (2) previous years audited financial statements for applicants that are already in operation.	<input type="checkbox"/>
15. Schedule E	Notice of Auditor must be completed.	<input type="checkbox"/>
16. Insurance and/or Bond	Evidence of insurance and/or bond as appropriate (Class B, Class C and Class E Licensee) must be provided in the name of the applicant, upon issuance of the licence.	<input type="checkbox"/>
17. Client Letter of Authorization	Client Agreements/Administration Agreements/Terms for applicants who operate clients' accounts.	<input type="checkbox"/>
18. Client account letter	Letters from the banks confirming that accounts are held in trust on behalf of the applicant's clients.	<input type="checkbox"/>
19. Bank Reference Letters	Confirming establishment of accounts in the applicant's name along with the associated account numbers.	<input type="checkbox"/>
20. Compliance Manual	A copy of the applicant's Compliance Manual, outlining the organization's anti-money laundering policies and procedures, the prevention of terrorism, ongoing training policies and procedures, independent audit review policies, the role of the compliance officer and compliance policies in place relevant to applicable laws and regulations governing corporate management and service providers.	<input type="checkbox"/>
21. Training Schedule	A description of the staff training which is in place or to be instituted to ensure compliance with the Money Laundering Prevention Act, the Prevention of Terrorism Act, and Money Laundering Regulations and Guidelines and relevant to applicable laws and regulations governing corporate management and service providers.	<input type="checkbox"/>
22. Schedule B (1)/Letter of Engagement	Biographical Affidavit of Director, Manager or Officer of the Applicant for the applicant's compliance officer on staff or a letter of engagement for the applicant's Compliance Officer that is on retainer.	<input type="checkbox"/>
23. Licence Fee	Cheque payable to "the FSRC" for the licence fees upon receipt of confirmation of approval of licence.	<input type="checkbox"/>

SECTION XII. ADMINISTRATION - FOR FSRC USE ONLY

Received by (employee's name):		Date:	
Decision taken by the Commission:			