



# Antigua and Barbuda Financial Services Regulatory Commission

**The Corporate Management and Trust Service Providers Act, 2008 [Section 6 and 7] as Amended**  
**SCHEDULE A(2) – FORM (2): APPLICATION BY CORPORATION FOR  
RENEWAL OF 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](mailto:registryandCMTSP@fsrc.gov.ag)

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

## SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE A(2) – FORM (2): APPLICATION BY CORPORATION FOR RENEWAL OF LICENCE

1. This application must be submitted with all supporting documentation listed at the end of the form.
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:**

## SECTION II. LICENSEE’S CONTACT DETAILS

2. **Name of Licensee:**

3. **Principal office information:**



Address Information attached

Address:

Contact Person:

E-mail Address:

Telephone Number:

Fax Number:

4. **Website address, if any:**

## SECTION III. OWNERSHIP AND MANAGEMENT STRUCTURE

**Note: Schedule B must be completed for each new person or corporation listed in this section that has been added during the past year.**

5. **Provide capital information of licensee, if changes were made in the last year:**



Share Register Attached

Authorized share capital:

Issued share capital:

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**6. Name the beneficial owners with 20% interest or more in the licensee. New additions must attach a Schedule B if not received by the Commission to date:**

Shareholder 1:		<input type="checkbox"/> Schedule B attached
Shareholder 2:		<input type="checkbox"/> Schedule B attached
Shareholder 3:		<input type="checkbox"/> Schedule B attached
Shareholder 4:		<input type="checkbox"/> Schedule B attached

**7. Provide the names of directors in the licensee. New additions must attach a Schedule B if not received by the Commission to date:**

Director 1:		<input type="checkbox"/> Schedule B attached
Director 2:		<input type="checkbox"/> Schedule B attached
Director 3:		<input type="checkbox"/> Schedule B attached
Director 4:		<input type="checkbox"/> Schedule B attached

**8. Provide the names of executive officers or managers. New additions must attach a Schedule B if not received by the Commission to date:**

Name 1:		<input type="checkbox"/> Schedule B attached
Name 2:		<input type="checkbox"/> Schedule B attached
Name 3:		<input type="checkbox"/> Schedule B attached
Name 4:		<input type="checkbox"/> Schedule B attached

**9. Name and address of attorney, or accountant licensed to practice in Antigua and Barbuda retained by the corporation or sitting on the Board of the company. Indicate designation below. Add supporting documents and schedule of changes that occurred during the year, not yet received by the Commission.**

<input type="checkbox"/> Attorney	<input type="checkbox"/> Accountant	<input type="checkbox"/> Practicing Certificate attached
<b>Name:</b>		
Title/Position:		
Company's Name:		
Address:		
Citizenship:	How Acquired:	
Telephone Number:	E-mail Address:	

**10. Name and address of at least one (1) person on staff who is a citizen of Antigua and Barbuda and who can satisfy the Commission that he or she is qualified to render advice on matters related to corporate services. Add the supporting documents and schedule of changes that occurred during the year not yet received by the Commission.**

Employee's Name:		<input type="checkbox"/> Schedule B attached
Title/Position:		
Address:		

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Citizenship:		How Acquired:	
Telephone Number:		E-mail Address:	

**11. Names of all subsidiaries or affiliated companies of the licensee which also provide corporate management and trust services and the addresses of their registered offices, in the past year:**

<b>Name of Company:</b>			
<b>Address:</b>			
<b>Contact Person:</b>		<b>E-mail Address:</b>	
<b>Telephone No.:</b>		<b>Fax Number:</b>	

**SECTION IV. LEGAL STANDING OF LICENSEE**

**12. The licensee is considered to be in good legal standing.**  Yes, (Certificate of good standing attached)  No

**13. There are outstanding litigations against the licensee.**  Yes (Explain)  No

**14. There have been convictions or civil judgment against the licensee.**  Yes (Explain)  No

**15. The licensee, has, within the last year, received an indication from a banker that its office account or clients' money account has not been kept in a satisfactory manner.**  Yes (Explain)  No

**SECTION V. NATURE OF THE BUSINESS**

**16. Complete the table below by indicating with tick marks the activity or activities which the licensee 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:**

<input type="checkbox"/> The administration of corporate management for profit or reward in or from within Antigua and Barbuda;	
<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;	

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- |                          |  |  |
|--------------------------|--|--|
| <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 shareholder services 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; |  |

**17. Indicate Class of Licence under the Corporate Management and Trust Service Providers Act required, for the new year:**

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

**18. Name of external auditor:**  Schedule E attached

**19. Level of insurance coverage held:**  Evidence of insurance/bond attached

## SECTION VI. SEGREGATED ACCOUNT INFORMATION

### 20. The licensee manages clients' money accounts:

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 licensee intends to open such accounts: (Please attach additional accounts on a separate sheet).

Clients' account letters attached

Name of Bank:

Address:

Contact Person:

E-mail Address:

Telephone Number:

Account Number:

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

Bank Reference Letter Attached

Name of Bank:

Address:

Contact Person:

E-mail Address:

Telephone Number:

Account Number:

## SECTION VII. DECLARATION

### This declaration must be signed by any two authorized signatories of the licensee.

The licensee hereby declares that all the information provided in this application and any other document provided in support of the said application is true and correct. The licensee further undertakes to inform the Commission without delay of any changes to the information supplied with this application. We understand and accept that the Commission may wish to make inquiries, both now and on a continuing basis, to satisfy itself as to the continuing fitness and propriety of the Licensee and its directors and management. Consequently, we authorize any person, body or institution named in this application that the Commission may approach, to provide such information, as the Commission believes may be relevant to its assessment.

Authorized Name (1):

Proof of authorized signatures attached

Title/Position

Authorized Signature

Date:

Authorized Name (2):

Title/Position

Authorized Signature

Date:

## SECTION VIII. DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION

Documents	Notes	Attached
1. Address Information	An original copy of a utility bill or similar document showing proof of principal address of the licensee's place of business, <b>if the address has changed during the year.</b>	<input type="checkbox"/>

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2. Share Register	A certified copy of the company's share register or other legal proof of beneficial ownership detailing the names of the shareholders and the amount of shares allocated to each shareholder, <b><u>if this information has changed during the year.</u></b>	<input type="checkbox"/>
3. Schedule B	A biographical affidavit for each Shareholder, Director, Manager or Officer of the Licensee, <b><u>for any new Shareholder, Director, Manager or Officer.</u></b>	<input type="checkbox"/>
4. An organizational chart	An organizational chart for the licensee detailing the corporate governance and departments of the organization and detailing the level of management, <b><u>to reflect any new Directors, Managers or Officers.</u></b>	<input type="checkbox"/>
5. Practicing Certificate	Current certificate authorizing the accountant or the attorney to practice his or her profession <b><u>for the upcoming year.</u></b>	<input type="checkbox"/>
6. Certificate of good standing	A certificate of good standing for <b><u>the new year</u></b> is required in the name of the licensee, except for those which are IBCs.	<input type="checkbox"/>
7. Schedule E	Notice of Auditor must be completed.	<input type="checkbox"/>
8. Insurance and/or Bond	Evidence of insurance and/or bond as appropriate (Class B, Class C and Class E Licensee) must be provided <b><u>for the upcoming year.</u></b>	<input type="checkbox"/>
9. Client Letter of Authorisation	Client Agreements/Administration Agreements/Terms for licensees who operate clients' accounts <b><u>for new clients.</u></b>	<input type="checkbox"/>
10. Client account letter	Letters from the banks confirming that accounts are held in trust <b><u>on behalf of new clients of the licensee.</u></b>	<input type="checkbox"/>
11. Bank references	Confirming establishment of accounts in the licensee's name and the account numbers, <b><u>if this service is new to the licensee.</u></b>	<input type="checkbox"/>
12. Compliance Manual	A copy of the licensee's Compliance Manual, out-lining 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, <b><u>if changes were made during year.</u></b>	<input type="checkbox"/>
13. 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, <b><u>for the upcoming year.</u></b>	<input type="checkbox"/>
14. Authorized signatories	A certified copy of a list of the names and signatures of all directors who can sign on behalf of the licensee, <b><u>if there were changes during the year not yet submitted to the Commission.</u></b>	<input type="checkbox"/>
15. Licence Fee	Cheque payable to "the FSRC" for the licence fees upon receipt of confirmation of renewal of licence.	<input type="checkbox"/>

**SECTION IX. ADMINISTRATION - FOR FSRC USE ONLY**

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