



Antigua and Barbuda Financial Services Regulatory Commission

The International Trust Act, 2007, No. 18 of 2007 [Section 17(6)]

SCHEDULE 3

APPLICATION FOR EXTENSION OF ENTRY ON REGISTER OF INTERNATIONAL TRUSTS

Please forward completed form with any supporting material to:

Financial Services Regulatory Commission

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

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

Email: registrvandCMTSP@fsrc.gov.ag

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

SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE 3: APPLICATION FOR EXTENSION OF ENTRY ON REGISTER OF INTERNATIONAL TRUST

1. Where the governing law of a foreign is changed to the law of Antigua and Barbuda, the trustee shall make an application for entry on the Register as an international trust to the Commission within forty-five (45) days of the date on which the amendments was made to provide for the law of Antigua and Barbuda to be the governing law of the trust.
2. If the trustee fails to submit an application for entry on the Register of International Trusts within the forty-five (45) day period, the trustee may, on application made in accordance with this Schedule and a non-refundable fee which will not be contingent on the approval of the application, request an extension of time to register.
3. This Schedule can be downloaded from our website in Adobe Acrobat format, with boxes that will expand to fit the text. Alternatively, the applicant can print the form and complete it with the use of a typewriter, or by using **black ink** and **BLOCK CAPITALS** or typescript for all responses.
4. Any information provided on additional sheets must be signed and dated.
5. Where there is a question which is not applicable, please write "N/A" beside the question.
6. All dates must be completed in the form: Day/Month/Year.
7. Questions left unanswered or do not disclose all information will affect the Commission's assessment, and may result in significant delays in processing.
8. The Commission's employees are available for consultation in the course of the preparation of this application and will try to give appropriate guidance where it is sought. However, in order that the role of the employees of the Commission is not misunderstood, the Commission wishes to emphasize: (1) *the preparation and submission of this application for a licence is the sole responsibility of the applicant;* (2) *the decision whether or not to issue a licence is the responsibility of the Commission;* and (3) *the Commission normally takes legal advice on questions of law that it is required to address and applicants for licences must similarly be prepared to seek legal advice on questions of law that they are required to adhere.*

1. **Date of Application:**

SECTION II. LICENSEE'S INFORMATION

2. **Name of the institution licensed by the Commission to provide trust services:**

Name:			
Address:			
Date Initial Licence Issued:		Licence Number:	
Contact Person:		Telephone Number:	
E-mail Address:		Fax Number:	

SECTION III. TRUST'S DETAILS

3. **Name of Trust:**

4. **Select the type of trust being registered:**

SCHEDULE 3: APPLICATION FOR EXTENSION OF ENTRY ON REGISTER OF INTERNATIONAL TRUST

<input type="checkbox"/> Charitable	<input type="checkbox"/> Non-charitable	<input type="checkbox"/> No Purpose	<input type="checkbox"/> Other
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5. The trust is a re-domiciled foreign trust: Yes (details provided on Schedule 2) No

6. Select the governing law of the international trust:

<input type="checkbox"/> Antigua and Barbuda	<input type="checkbox"/> Other	
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7. Date of Execution by Settlor:

8. Input the Number of Trustees (a minimum of 1 trustee and a maximum of 4 trustees are allowed):

9. Please state the reason(s) for the extension of time to register the trust:

SECTION IV. ANTIGUA AND BARBUDA TRUSTEE'S DETAILS

10. Name and Address of Antigua and Barbuda Trustee and Registered Office:

Trustee 1/(Registered Office):			
Address:			
Contact Name:		Contact Number:	
Date of Execution of Trust:		E-mail Address:	
Website address, if any:			

Trustee Name 2:			
Address:			
Contact Name:		Contact Number:	
Date of Execution of Trust:		E-mail Address:	

SECTION V. NON-RESIDENT TRUSTEE'S DETAILS

11. Name and Address of All Non-Resident Trustees:

Trustee Name 1:			
Address:		Date of Execution of Trust:	
Trustee Name 2:			
Address:		Date of Execution of Trust:	

SECTION VI. PROTECTOR'S DETAILS

12. Name, Address and date of All Protectors:

Protector's Name (1):

Address:

Effective Date:

Protector's Name (2):

Address:

Effective Date:

SECTION VII. DECLARATION

DECLARATION: This declaration must be signed by the applicant

I hereby certify that the information and other documentation provided in support of this schedule 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 this schedule.

Authorised Name:

Signature:

Title:

Date:

SECTION VIII. ADMINISTRATION - FOR FSRC USE ONLY

Date Application Received

Received by (employee's name):

Date Application fee received by Commission

Receipt Number:

Decision taken by the Commission: