



Antigua and Barbuda Financial Services Regulatory Commission

The International Trust Act, 2007, No. 18 of 2007 [Section 18(5)]

SCHEDULE 6

APPLICATION FOR REINSTATEMENT OF ENTRY ON REGISTER OF INTERNATIONAL TRUSTS

Please forward completed form with any supporting material to:

Manager, IBCs & CMTSPs

Financial Services Regulatory Commission

P.O. Box 2674
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 6: APPLICATION FOR REINSTATEMENT OF ENTRY ON REGISTER OF INTERNATIONAL TRUST

1. Where the application for renewal of registration is not made within ninety (90) days after the date of expiration and the Commission has not extended the period of renewal, the trustee may make an application for the reinstatement of the trust within one hundred and eighty (180) days after the date of expiration of the last Certificate.
2. An application for the reinstatement of the trust shall be made by filing this Schedule with a non-refundable application fee which will not be contingent on the approval of the application.
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 this Schedule 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:

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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. Trust Number:

5. Original Date of Registration:

6. Date of Expiration of Last Certificate of Registration:

SECTION IV. ANTIGUA AND BARBUDA TRUSTEE'S DETAILS

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

Trustee 1/(Registered Office):

Address:

Contact Name:

Contact Number:

E-mail Address:

Website address, if any:

Trustee Name 2:

Address:

Contact Name:

Contact Number:

E-mail Address:

SECTION V. NON-RESIDENT TRUSTEE'S DETAILS

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

Trustee Name 1:

Address:

E-mail Address:

Contact Number:

Trustee Name 2:

Address:

E-mail Address:

Contact Number:

SECTION VI. PROTECTORS DETAILS

9. Name and Address of All Protectors:

Protector's Name 1:

Address:

E-mail Address:

Contact Number:

Protector's Name 2:

Address:

E-mail Address:

Contact Number:

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.

Authorized 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: