



Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [No. 7 of 2011] Section 16

SCHEDULE E(1): NOTICE OF ANNUAL APPOINTMENT OR TERMINATION OF EXTERNAL AUDITOR OF THE MONEY SERVICES BUSINESS

Please forward completed form with any supporting information to:

**The Director
Financial Services Regulatory Commission**

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

Tel: (268) 481-1175 • **Fax:** (268) 463-0422
Email: MSBandGamingSupport@fsrc.gov.ag
Email: cheryl.george@fsrc.gov.ag
Website: <http://www.fsrc.gov.ag>

SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE E(1): NOTICE OF ANNUAL APPOINTMENT OR TERMINATION OF EXTERNAL AUDITOR OF THE MONEY SERVICES BUSINESS

1. This application must be submitted with all supporting documentation listed at the end of the form and can be downloaded from the Financial Services Regulatory 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.
2. Any information provided on additional paper must be signed and dated.
3. Where there is a question which is not applicable, please write "N/A" beside the question.
4. All dates must be completed in the form: Day/Month/Year.
5. Questions left unanswered or which do not disclose all information will affect the Financial Services Regulatory Commission's assessment, and may result in significant delays in processing.
6. This form must be prepared and submitted directly to the Financial Services Regulatory Commission by the licensee.

1. Type of Notice (Check one box only):

Initial Approval

Renewal Approval

Termination

2. Date of Notice:

In connection with the licensed money services business named below, I hereby make representation and supply the following information as hereafter set forth.

Money Services Business Name:

SECTION II. DETAILS OF THE CURRENT EXTERNAL AUDITOR APPOINTED BY THE MONEY SERVICES BUSINESS

3. Name and address of the external auditor of the licensed money services business:

Letter of Engagement Attached

Business Name:

Licence to Practice Attached

Address:

Licence No.:

Contact Person:

Telephone No.:

Fax No.:

Website address:

4. The external auditor is appointed annually.

Yes

No

5. Indicate the date of appointment as the external auditor of the licensee:

SECTION III. CRITERIA TO QUALIFY AS THE LICENSEE'S EXTERNAL AUDITOR

An auditor of the money services business must be a Chartered Accountant, a Certified Public Accountant, a member of the Institute of Chartered Accountants of the Eastern Caribbean or some other professionally qualified accountant, satisfactory to the Financial Services Regulatory Commission. Check the appropriate box(es) below for the appropriate qualification of the external auditor

named above.

Qualification(s)	Attached
<input type="checkbox"/> Certified General Accountant (CGA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Association Certified Chartered Accountant (ACCA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Chartered Accountant (CA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Certified Public Accountant (CPA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> A member of the Institute of Chartered Accountants of the Eastern Caribbean (ICAEC) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>

6. The auditor does not have any interest in the licensee otherwise than as a customer. Yes No

7. The auditor is not a director, manager, secretary, employee or sub-licensee of the licensee. Yes No

8. The auditor did not, after appointment as auditor under the Act, acquire any interest in the licensee, or became a director, manager, secretary, employee or sub-licensee of the licensee. Yes No

SECTION IV. DETAILS OF TERMINATION OF THE EXTERNAL AUDITOR

9. Name and address of the external auditor of the licensed money services business that was terminated: Not Applicable

Business Name:			
Address:			
Licence No.:	Contact Person:		
Telephone No.:	Fax No.:		
Website address:			

10. Indicate the date the auditor was appointed by the licensee: Not Applicable

11. Indicate the date the auditor was terminated by the licensee: Letter of Termination Attached Not Applicable

12. Provide an explanation for the termination of the appointment as the external auditor of the licensee: Not Applicable

SECTION V. DECLARATION

This declaration must be signed by an authorized signatory of the licensed money services business.

I hereby certify that all the information provided in this schedule and any other document provided in support of said schedule is true and correct to the best of my knowledge and belief.

Authorized Name 1:	Signature:
Title/Position:	Date:
Authorized Name 2:	Signature:

SCHEDULE E(1): NOTICE OF ANNUAL APPOINTMENT OR TERMINATION OF EXTERNAL AUDITOR OF THE MONEY SERVICES BUSINESS

Title/Position:	Date:
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SECTION VI. DOCUMENTATION WHICH FORMS PART OF THIS NOTICE

Documents	Notes	Attached
1. Letter of engagement	A copy of the letter of engagement between the licensee and the auditor is required.	<input type="checkbox"/>
2. Auditor's licence	A certified copy of the auditor's current licence to practice in Antigua and Barbuda is required.	<input type="checkbox"/>
3. Auditor's Qualification	A certified copy of the auditor's proof of qualification in Section III is required.	<input type="checkbox"/>
4. Letter of Termination	A copy of the letter of termination to the auditor to be terminated is required, if applicable.	<input type="checkbox"/>

SECTION VII. ADMINISTRATION – FOR FSRC USE ONLY

Received by (employee's name):	Date:
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Authorization Granted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Authorized Name:	Signature:
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Title/Position:	Date:
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