



Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [No. 7 of 2011] Section 6

SCHEDULE I: DECLARATION FORM AND RENEWAL APPLICATION FOR MONEY SERVICE 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 THIS APPLICATION

1. This form can be downloaded from our website in Adobe Acrobat format, with boxes that will expand to fit the text. Alternatively, the licensee can print the form and complete it with the use of a typewriter or by using **black ink** and **BLOCK CAPITALS**.
2. All dates should be completed in the form: Day/Month/Year.
3. The licensee must complete all questions contained in the form. Questions are to be answered once information has been changed subsequent to the issuance of the licence or the last declaration that was submitted to the Commission.
4. Where there has been no changes to the questions, respond with "N/C".
5. Where there is a question which is not applicable, please write "N/A" beside the question.
6. Any information provided on additional sheets must be signed and dated
7. Failure to accurately complete and submit this Declaration Form and its supporting documentation within 15 days of the end of a quarter or within 15 days of the end of the financial year, will result in the licensee or its directors being subject to a penalty in an amount not exceeding twenty thousand (EC\$20,000). This penalty will constitute a debt due to the Commission and will be payable immediately and may be recovered as a debt in any court. Further, interest shall be charged on the unpaid amount on a daily basis at the rate of two percent (2%) above the Central Bank's rate.

1. Date:

2. Indicate the period of submission below:

<input type="checkbox"/> Quarter Ending March 31,	<input type="checkbox"/> Quarter Ending June 30,	<input type="checkbox"/> Quarter Ending September 30,	<input type="checkbox"/> Quarter Ending December 31,
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The licensee will renew its licence for the upcoming year. **(to be selected in quarter ending September 30, only)**

SECTION I: PARTICULARS OF THE LICENSEE

3. Name of Licensee:

4. Licence Number:

5. Name and address of principal office:

Principal Office:

Address:

Telephone Number:

Contact Person:

Fax Number:

E-mail Address:

Website address:

6. Name and address of registered office **(CHANGE ONLY)**:

Registered Office:

Address:

Contact Person:

Telephone Number:

SCHEDULE I: DECLARATION FORM AND RENEWAL APPLICATION FOR MONEY SERVICE BUSINESS

Fax Number:		E-mail Address:	
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Website address:	
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7. Indicate the money services business activities that the licensee conducts (tick all that applies):

<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Issuance, Sale and Redemption of payment instruments	<input type="checkbox"/> Cheque Cashing
<input type="checkbox"/> Currency Exchange	<input type="checkbox"/> Other (please specify) _____	

8. Indicate the Class of licence that was issued:

<input type="checkbox"/> Class A Licence	<input type="checkbox"/> Class B Licence	<input type="checkbox"/> Class C Licence	<input type="checkbox"/> Class D Licence	<input type="checkbox"/> Class E Licence
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9. Indicate the level of insurance coverage held by the licensee:

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10. Indicate the level capital held by the licensee:

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SECTION II: OWNERSHIP AND MANAGEMENT INFORMATION

11. State the number of shares outstanding:

	Percentage (%) of shares outstanding	
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12. Have there been any changes in the ownership interest owning 10% or more of the licensee?

<input type="checkbox"/> Yes (list names of NEW shareholders below)	<input type="checkbox"/> Schedule B(1) for each shareholders below was filed with the Commission	<input type="checkbox"/> No
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Name of Shareholder 1:	Percentage (%) Ownership:
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Name of Shareholder 2:	Percentage (%) Ownership:
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Name of Shareholder 3:	Percentage (%) Ownership:
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13. Have there been any changes in the members of the board of directors of the licensee?

<input type="checkbox"/> Yes (list the names of NEW directors below)	<input type="checkbox"/> Schedule B(1) for each director listed below was filed with the Commission	<input type="checkbox"/> No
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Name of Director 1:	Date Appointed:
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Name of Director 2:	Date Appointed:
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Name of Director 3:	Date Appointed:
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14. Have there been any changes in the senior officers of the licensee or any "responsible individual" who has direct control over or significant management policy and decision making authority (to exclude the Compliance Officer)?

<input type="checkbox"/> Yes (list the names of NEW senior officers below)	<input type="checkbox"/> Schedule B(1) for each officer listed below was filed with the Commission	<input type="checkbox"/> No
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Name of Officer 1:	Title:
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Name of Officer 2:	Title:
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Name of Officer 3:	Title:
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15. The licensee has a designated compliance officer.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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16. The compliance officer was changed since the last filing of this form?

<input type="checkbox"/> Yes (provide name of NEW compliance officer below)	
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Name:	Title:
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<input type="checkbox"/> Form B was filed with the Commission	<input type="checkbox"/> No
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SCHEDULE I: DECLARATION FORM AND RENEWAL APPLICATION FOR MONEY SERVICE BUSINESS

17. Has there been any felony indictment or criminal conviction of any shareholders, partners, directors or principal officers of the licensee, since the licence was issued or the last declaration was made?

<input type="checkbox"/> Yes (please specify below)	<input type="checkbox"/> No
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Name:	Title:
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Describe the offence:

18. Do all shareholders, partners, directors and principal officers fully meet the fit and proper criteria as established under Section 6(5) of the Money Services Business Act?

<input type="checkbox"/> Yes	<input type="checkbox"/> No (please specify below)
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Explain:

19. Has the licensee, shareholders, partners, directors or principal officers, filed a petition in bankruptcy or reorganization since the licence was issued or the last declaration was made?

<input type="checkbox"/> Yes (please SPECIFY CHANGES below)	<input type="checkbox"/> Copy attached	<input type="checkbox"/> No
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Name 1:	Title:
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Name 2:	Title:
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Name 3:	Title:
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Explain:

SECTION III: AUTHORISED LOCATIONS AND SUB-LICENSEES

20. Money services business is conducted through (tick all that applies):

<input type="checkbox"/> Additional Locations	<input type="checkbox"/> Sub-licensees	<input type="checkbox"/> Other (please specify)
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21. List the names of ALL locations authorized to conduct money services business within and outside of Antigua and Barbuda (CHANGE ONLY):

Name of Location 1:	
Address:	
Name of Location 2:	
Address:	

22. List the names of ALL Sub-licensees authorized to conduct money services business within and outside of Antigua and Barbuda (CHANGE ONLY):

SCHEDULE I: DECLARATION FORM AND RENEWAL APPLICATION FOR MONEY SERVICE BUSINESS

Name of Agent 1:	
Address:	

Name of Agent 2:	
Address:	

23. Have there been any material changes to the licensee's authorized remittance agreement with any correspondent institution or international service provider since the licence was issued or the last declaration was made?

<input type="checkbox"/> Yes (please specify changes below)	<input type="checkbox"/> No	<input type="checkbox"/> Copy attached
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24. Provide a listing of the other jurisdictions in which a licence or similar authorization was sought, was granted, revoked or renewal refused or denied to the licensee or its affiliates, to engage in the money services business. Include the name of the jurisdiction, the type of action taken (licence held, revocation refused, etc.), the date the action was taken, the agency issuing the licence and contact details (CHANGE ONLY**):**

Name of Jurisdiction 1:			
Regulatory Agency:			
Type of Action:			
Date of Action:		Contact Person:	
Phone Number:		E-mail Address:	

SECTION IV: SEGREGATED BANKING INFORMATION

25. Does the licensee have segregated bank accounts where funds to be transmitted on behalf of customers (clients account) are separated from the bank account used to operate the day to day affairs of the business (operating account)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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26. Have there been any changes in the licensee's operating bank account information? Yes (Provide details below) No

Bank Name:			
Address:			
Account Number:		Contact Person:	
Telephone Number:		Mobile Number:	
Fax Number:		E-mail Address:	

27. Have there been any changes in the licensee's client bank account information? Yes (Provide details below) No

Bank Name:			
Address:			
Account Number:		Contact Person:	
Telephone Number:		Mobile Number:	
Fax Number:		E-mail Address:	

SECTION V: EXTERNAL AUDITOR'S INFORMATION

28. Has there been any change to the licensee's external auditor(s) since the licence was issued or the last declaration was made?

Yes (Provide name and address of proposed/new auditor): No

Business Name:			
Address:			
Contact Person:			
Telephone Number:		Mobile Number:	
E-mail Address:		Date of Appointment:	

29. Select professional qualification of the proposed auditor (**CHANGE ONLY**):

Chartered Accountant Certified Public Accountant Member of Institute of Chartered Accountants of the Eastern Caribbean (ICAEC)

Other

SECTION VI: REGULATORY INFORMATION

30. Are there any pending or any outstanding enforcement actions taken by a regulatory body against the licensee, its affiliates and any principals of the licensee, and any judgment outstanding against the licensee?

Yes (please provide details below) No

31. Has there been any material litigation involving the licensee initiated since the licence was issued or the last declaration was made? Material litigation means litigation that, according to generally accepted accounting principles is deemed significant to any licensee's financial health and would be required to be referenced in its annual audited financial statements, report to shareholders or similar documents.

Yes (please specify below) No

32. Does the licensee owe the Commission any delinquent fees, assessments, administrative penalties or other amount imposed under any section of the Money Services Business Act 2011?

Yes (please specify below) No

Description:		Total Amount Due:	
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33. Is the licensee indebted to any government institution for delinquent taxes, fines, penalties or fees?

Yes (please specify below) No

Description 1:		Total Amount Due:	
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Description 2:		Total Amount Due:	
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34. Has there been any other significant change to any other information that was supplied to the Commission since the licence was issued or the last declaration was made?

Yes (please specify below) No

SCHEDULE I: DECLARATION FORM AND RENEWAL APPLICATION FOR MONEY SERVICE BUSINESS

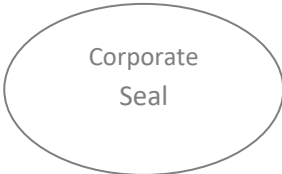
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35. The licensee complies with the Money Laundering Prevention Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. The compliance manual addresses the requirements captured in the Money Services Business Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. The licensee has documented AML/CFT policies and procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. The AML/CFT policies and procedures are fully implemented.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. The licensee has conducted a risk assessment of its services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. The licensee has an AML/CFT training program in place for staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. The licensee screens its customers against established databases such as OFAC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. The licensee has an independent audit review program in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION VII: DECLARATION

I hereby certify that I am authorized to file this form, and that all information submitted to the Commission in connection with this form including the supporting documents are true, and correct, to the best of my knowledge and belief. Further, on behalf of the licensee, I certify that the licensee and each principal of, person in control of, and proposed responsible individual of the licensee is familiar with and agrees to fully comply with the Money Services Business Act 2011, the CFTA and the MLPA and their regulations and guidelines; has not knowingly accepted money for transmission or exchange in which a portion of the money was derived from an illegal transaction or activity. To the best of my knowledge and belief, all information necessary for the Commission to make an informed decision is contained herein. I further undertake to inform the Commission, without delay, of any changes to the information supplied with this form and authorize the Commission to make such enquiries and to seek such further information, as it thinks appropriate, to verify the information in this form.

Authorized Name:			
Title:			
Signature:		Date:	



SECTION VIII: DOCUMENTATION WHICH FORMS PART OF THIS FORM

Documents	Attached
1. Annual Licence Fee (Applicable only for the quarter ending December 31);	<input type="checkbox"/>
2. Director's Resolution (for significant changes made during the year);	<input type="checkbox"/>
3. The most recent audited financial statements of the licensee, including balance sheet, statement of income, statement of stockholder's equity and statement of cash flow for the preceding year, prepared by an independent certified public accountant, or some other professionally qualified accountant satisfactory to the Commission; and	<input type="checkbox"/>

SCHEDULE I: DECLARATION FORM AND RENEWAL APPLICATION FOR MONEY SERVICE BUSINESS

4. The quarterly reports for the periods being submitted.	<input type="checkbox"/>
5. Any other documentation discussed or required.	<input type="checkbox"/>

SECTION IX: CONTACT DETAILS

On completion, please return this Declaration Form and all supporting documentation to the Financial Services Regulatory Commission, at the address shown below:

Financial Services Regulatory Commission
Director of Co-operatives & Non-Bank Financial Institutions
Royal Palms Place, P.O. Box 2674, St. John's, Antigua
Tel: (268) 481-1175 • **Fax:** (268) 463-0422
Email: cheryl.george@fsrc.gov.ag • **Website:** <http://www.fsrc.gov.ag>