



Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [Section 14]

SCHEDULE K: NOTICE OF CHANGE IN PRINCIPAL OFFICE OR LOCATION 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 THIS SCHEDULE

1. This schedule must be submitted with all supporting documentation listed at the end of the form and 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.
2. Any information provided on additional sheets must be signed and dated.
3. Where there is a question which is not applicable, please write "N/A" beside the question.
4. Place a tick (✓) mark in the appropriate box.
5. All dates must be completed in the form: Day/Month/Year.

SECTION II: USE OF SCHEDULE

In accordance with Section 14 (1)(b) of the Money Services Business Act, 2011 (hereafter "the Act"), a licensee **MUST** not change its principal office or location, without the prior written approval of the Commission.

A licensee who contravenes the above commits an offence and is liable on summary conviction to a fine of one hundred thousand dollars (\$100,000) or to imprisonment for a term of two (2) years or both.

1. Date of Notice:

2. We hereby submit a notice of change in for approval by the Commission.



Principle Office



Location

SECTION III: PARTICULARS OF THE LICENSEE

3. Provide the relevant information below:

| | | | |
|-------------------------|--|-------------------|--|
| Name of Licensee: | | | |
| Initial Licence Issued: | | Licence Number: | |
| Contact Person: | | Telephone Number: | |
| Fax Number: | | E-mail Address: | |

SECTION IV: PREVIOUS ADDRESS OF PRINCIPAL OFFICE OR LOCATION

4. Provide the address information prior to the change:

| | | | |
|-----------------|--|-------------------|--|
| Business Name: | | | |
| Address: | | | |
| Contact Person: | | Telephone Number: | |
| Fax Number: | | E-mail Address: | |

SECTION V: NEW ADDRESS OF PRINCIPAL OFFICE/LOCATION

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5. Provide the new address information:

 Proof of Address attached

| | | | |
|-----------------|--|-------------------|--|
| Business Name: | | | |
| Address: | | | |
| Contact Person: | | Telephone Number: | |
| Fax Number: | | E-mail Address: | |

6. Effective Date of Change:

7. Prior written notification was given to the Commission before the change became effective: Yes No

SECTION VI: DECLARATION

I hereby certify that all the information provided and any other document 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: | |
| Authorized Title: | | Date: | |

SECTION VII: DOCUMENTATION WHICH FORMS PART OF THIS NOTICE

| Documents | Notes | Attached |
|---------------------|---|--------------------------|
| Address Information | Provide proof of the correspondent institution's business address by submitting a certified copy of a utility bill etc. | <input type="checkbox"/> |

SECTION VIII: ADMINISTRATION – FOR FSRC USE ONLY

Comments:

| | | | |
|-------------------|--|------------|--|
| Authorized Name: | | Signature: | |
| Authorized Title: | | Date: | |