



Antigua and Barbuda Financial Services Regulatory Commission

The Money Services Business Act, 2011 [Section 20] SCHEDULE K: NOTICE OF EXTENSION OF TIME

This form can be downloaded from our website in Adobe Acrobat format and information can be entered directly into the form. Alternatively, the form can be printed and completed with the use of a typewriter or printed in BLOCK letters with the use of a pen. Any information provided on additional sheets must be signed and dated. Where there is a question which is not applicable, please write "N/A" beside the question. All dates should be completed in the form: Day/Month/Year.

1. Date of Request:

SECTION: I DETAILS OF MSB REQUESTING EXTENSION

2. Name and address of MSB requesting extension:

Name of MSB:

Address:

Licence Number:

Contact Name:

Telephone Number:

Mobile Number:

Fax Number:

E-mail Address:

SECTION: II DETAILS OF TIME EXTENSION

3. Indicate the number of days being requested.:

4. State the proposed date of submission.:

5. Briefly describe the reasons for requesting extension of time.:

6. List the outstanding compliance issues for which you are requesting the extension.:

SECTION: III AUTHORIZATION

Authorized Name:	<input type="text"/>	Signature:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>

SECTION: IV DECISION TAKEN BY THE FSRC

7. Approval of extension granted:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Comments:		
<input type="text"/>		

Authorized Name:	<input type="text"/>	Signature:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>

SECTION: V CONTACT DETAILS

Please forward completed form with any supporting material to:

Manager of International Business Corporations and Other Non-Banking Financial Institutions

Financial Services Regulatory Commission

P.O. Box 2674

St. John's, Antigua

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