



Antigua and Barbuda Financial Services Regulatory Commission

MONEY SERVICES BUSINESS DECLARATION FORM (THE MONEY SERVICES BUSINESS ACT, [No. 9 of 2007])

SECTION I: INSTRUCTIONS

1. 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 black ink pen. Additionally, all dates should be completed in the form: Day/Month/Year.
2. ALL questions with (*) Asterisks must be answered.
3. Where answers require more details and additional space, the information can be provided on a separate sheet which must be signed and dated.
4. All other 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.
5. Where there has been no changes to the questions, respond with "N/C".
6. Where a question is not applicable, respond with "N/A".
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 of Submission of Form:***

2. **Indicate the current period being submitted: ***

Financial year end

Quarter Ending March 31,

Quarter Ending June 30,

Quarter Ending September 30,

Quarter Ending December 31,

SECTION II: PARTICULARS OF THE LICENSEE

3. **Name of Licensee: ***

4. **Licence Number: ***

5. **Name and address of principal office: ***

Name of Principal Office:

Contact Person:

Address:

Telephone Number:

Mobile Number:

Fax Number:

E-mail Address:

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Website address, if any:

6. Name and address of registered office (ONLY IF THERE WAS A CHANGE):

Name of Registered Office:			
Contact Person:			
Address:			
Telephone Number:		Mobile Number:	
Fax Number:		E-mail Address:	
Website address, if any:			

7. Indicate the types of money services business activities that the licensee conducts (tick all that applies): *

Money Transmission
 Issuance, Sale and Redemption of payment instruments
 Cheque Cashing
 Currency Exchange
 Other (please specify)

8. Indicate the Class of licence that was issued: *

Class A Licence
 Class B Licence
 Class C Licence
 Class D Licence
 Class E Licence

SECTION III: OWNERSHIP AND MANAGEMENT INFORMATION

9. State the number of shares outstanding: * **Percentage (%) of shares outstanding**

10. Have there been any changes in the ownership interest of the licensee. *

Yes (please specify the names of the new shareholders who own or control 10% or more of the licensee)
 No

Name of Shareholder 1:	<input type="text"/>	Percentage (%) Ownership:	<input type="text"/>
Name of Shareholder 2:	<input type="text"/>	Percentage (%) Ownership:	<input type="text"/>
Name of Shareholder 3:	<input type="text"/>	Percentage (%) Ownership:	<input type="text"/>

11. Have there been any changes in the members of the board of directors of the licensee? *

Yes (please specify the names of the new directors below)
 No

Name of Director 1:	<input type="text"/>	Date Appointed:	<input type="text"/>
Name of Director 2:	<input type="text"/>	Date Appointed:	<input type="text"/>
Name of Director 3:	<input type="text"/>	Date Appointed:	<input type="text"/>

12. 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 include the Compliance Officer)? *

Yes (please list the names of the new senior officers below)
 Form B for each officer listed below was filed with the Commission
 No

Name of Officer 1:	<input type="text"/>	Title:	<input type="text"/>
Name of Officer 2:	<input type="text"/>	Title:	<input type="text"/>
Name of Officer 3:	<input type="text"/>	Title:	<input type="text"/>

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13. 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? *

Yes (please specify below) No

Name: **Title:**

Describe the offence:

14. 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? *

Yes No (please specify below)

Explain:

15. 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? *

Yes (please specify changes below) Copy attached No

Name 1: **Title:**

Name 2: **Title:**

Name 3: **Title:**

Explain:

SECTION IV: AUTHORISED LOCATIONS, AGENTS AND SUB-AGENTS

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

Other Locations Agents Sub-agents Other (please specify)

17. List the names of ALL locations authorized to conduct money services business within and outside of Antigua and Barbuda (ONLY IF THERE WAS A CHANGE):

Name of Location 1:

Address:

Name of Location 2:

Address:

18. List the names of ALL agents authorized to conduct money services business within and outside of Antigua and Barbuda

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(ONLY IF THERE WAS A CHANGE):

Name of Agent 1:	
Address:	
Name of Agent 2:	
Address:	

19. List the names of ALL sub-agents authorized to conduct money services business within and outside of Antigua and Barbuda (ONLY IF THERE WAS A CHANGE):

Name of Sub-Agent 1:	
Address:	
Name of Sub-Agent 2:	
Address:	

20. Have there been any material changes to the licensee's authorized remittance agreement with any agent or sub-agent since the licence was issued or the last declaration was made? *

Yes (please specify changes below)
 No
 Copy attached

21. Provide a listing of the other jurisdictions in which a licence or similar authorization is sought, has been 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 (ONLY IF THERE WAS A CHANGE):

Name of Jurisdiction 1:			
Name of Regulatory Agency:			
Type of Action:			
Date of Action:		Contact Person:	
Phone Number:		E-mail Address:	
Name of Jurisdiction 2:			
Name of Regulatory Agency:			
Type of Action:			
Date of Action:		Contact Person:	
Phone Number:		E-mail Address:	

SECTION V: BANKING INFORMATION

22. 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)? *

Yes
 No

23. Have there been any changes in the licensee's operating bank account Yes (Provide details below) No

information? *

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

24. Have there been any changes in the licensee's client bank account information? *

Yes (Provide details below)

No

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

SECTION VI: EXTERNAL AUDITOR'S INFORMATION

25. 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:		

26. Select professional qualification of the proposed auditor (ONLY IF THERE WAS A CHANGE):

Chartered Accountant

Certified Public Accountant

Member of Institute of Chartered Accountants of the Eastern Caribbean (ICAEC)

Other

SECTION VII: REGULATORY INFORMATION

27. 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

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28. 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

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29. 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? * Yes (please specify below) No

Description:		Total Amount Due:	
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30. 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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31. 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

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

SECTION IX: DECLARATION

1. 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.

2. 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:
 - a. is familiar with and agrees to fully comply with all applicable Money Services Business Act 2007, the CFTA and the MLPA and their regulations and guidelines;

 - b. has not knowingly accepted money for transmission or exchange in which a portion of the money was derived from an illegal transaction or activity;

3. To the best of my knowledge and belief, all information necessary for the Commission to make an informed decision is contained herein.

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4. 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 X: CONTACT DETAILS

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

Manager of International Business Corporations and Other Non-Banking Financial Institutions
Financial Services Regulatory Commission
Royal Palms Place, P.O. Box 2674, St. John's, Antigua
Tel: (268)481-1194 • Fax: (268)463-0422
Email: terry.smith@fsrc.gov.ag • Website: <http://www.fsrc.gov.ag>