



# Antigua and Barbuda Financial Services Regulatory Commission

## THE INTERNATIONAL BUSINESS CORPORATIONS ACT REQUEST FOR SERVICE FORM

The 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. 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 CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP)

2. Name and address of Corporate Management and Trust Service Provider:

Name of CMTSP:	<input type="text"/>		
Licence Number:	<input type="text"/>		
Contact Person:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Fax Number:	<input type="text"/>	E-mail Address:	<input type="text"/>
Website address, if any:	<input type="text"/>		

### SECTION: II DETAILS OF INTERNATIONAL BUSINESS CORPORATION (IBC)

3. Name and address of International Business Corporation:

Name of IBC to be incorporated:	<input type="text"/>
Operating address:	<input type="text"/>

4. Name and address of Registered Office:

Name of Registered Office:	<input type="text"/>
Address of Registered Office:	<input type="text"/>

### SECTION: III TYPE OF REQUEST

5. Please indicate the service(s) requested by placing a tick mark in the appropriate box below:

<input type="checkbox"/> Incorporation	<input type="checkbox"/> Certificate of Good Standing	<input type="checkbox"/> Certificate of Reinstatement	<input type="checkbox"/> Certificate of Incumbency
<input type="checkbox"/> Duplicate Original	<input type="checkbox"/> Directors Certificate	<input type="checkbox"/> Certificate of Dissolution	<input type="checkbox"/> Certificate of Intent to Dissolve
<input type="checkbox"/> Warrant	<input type="checkbox"/> Certificate of Name Change	<input type="checkbox"/> Certificate of License	<input type="checkbox"/> Name Approval
<input type="checkbox"/> Certificate of Amendments of Articles	<input type="checkbox"/> Other	<input type="text"/>	

REQUEST FOR SERVICE FORM

6. Comments:

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**SECTION: IV AUTHORIZATION**

Authorized Name:		Signature:	
Title:		Date:	

**SECTION: V CONTACT DETAILS**

Please forward completed form with any supporting material to:

**Director of International Business Corporations**  
**Financial Services Regulatory Commission**

P.O. Box 2674

St. John's, Antigua

**Tel:** (268)481-1194 • **Fax:** (268)463-0422

**Email:** [RegistryDepartment@fsrc.gov.ag](mailto:RegistryDepartment@fsrc.gov.ag)

**Website:** <http://www.fsrc.gov.ag>