



# Antigua and Barbuda Financial Services Regulatory Commission

## THE INTERNATIONAL BUSINESS CORPORATION ACT [ Section 295 & 297 ] FORM 17: STATEMENT OF INTENT TO DISSOLVE

This form must be submitted with all supporting documentation to include a shareholder's/director's certificate of shareholders resolution, statement of intent to dissolve and a fee of US\$100.00.

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.

We hereby submit a notice of intent to dissolve the below-named International Business Corporation.

1. **Date of Intent:**

### 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:

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

Name of IBC:	<input type="text"/>
IBC Number:	<input type="text"/>
Operating Address:	<input type="text"/>

3. **Name and address of Registered Office:**

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

4. The Corporation intends to liquidate and dissolve	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Indicate the section under the IBC Act, by which the IBC intent to dissolve:	<input type="checkbox"/> 291	<input type="checkbox"/> 292	<input type="checkbox"/> 293
6. The Corporation revokes its certificate of intent to dissolve	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## SECTION: III AUTHORIZATION

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

## SECTION: IV 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>