

## Antigua and Barbuda Financial Services Regulatory Commission

The Corporate Management and Trust Service Providers Act, 2008 [Section 6A] as Amended

SCHEDULE A(3) – FORM (1): APPLICATION FOR AN APPROVAL TO BE A RECOGNISED CUSTODIAN

> Please forward completed form with any supporting material to: Director of International Business Corporations Financial Services Regulatory Commission

P.O. Box 2674 Royal Palm Place Friars Hill Road St. John's, Antigua

Tel: (268) 481-1194 • Fax: (268) 463-0422 Email: CorporateManagement@fsrc.gov.ag Website: http://www.fsrc.gov.ag

## SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE A(3) - FORM (1) APPLICATION FOR APPROVAL TO BE A RECOGNISED CUSTODIAN

- 1. This application must be submitted with all supporting documentation listed at the end of the form and a non-refundable application fee.
- This form can be downloaded from the Commission's website in Adobe Acrobat format, and can be completed online. Alternatively, the applicant can print the form and complete it with the use of a typewriter, or by using black ink and BLOCK CAPITALS or typescript for all responses.
- 3. Any information provided on additional sheets must be signed and dated.
- 4. Where there is a question which is not applicable, please write "N/A" beside the question.
- 5. All dates must be completed in the form: Day/Month/Year.
- 6. Questions left unanswered or which do not disclose all information will affect the Commission's assessment, and may result in significant delays in processing.
- 7. A body corporate that is incorporated or formed outside of Antigua and Barbuda may apply to the Commission to be a recognised custodian if it: (a) it is not resident in Antigua and Barbuda; and (b) does not have a place of business in Antigua and Barbuda.
- 8. The Commission shall not approve an application by a body corporate to be a recognised custodian unless it is satisfied that: (a) the body corporate carries on the business of financial services in a jurisdiction outside of Antigua and Barbuda; (b) the body corporate is subject to FAFT regulations or due diligence obligations and principles; and (c) there is satisfactory prudential regulation exercised over the body corporate outside of Antigua and Barbuda.
- 9. A licence to engage in corporate management services is valid for a period not exceeding twelve (12) months from the date on which it takes effect and must be prominently displayed on the premises where the business of the corporate management service provider is carried on. If the licensee has a website or other presence on the internet, the licensee's licence number and class of licence should be prominently displayed on each web page.
- 10. In accordance with Section 27(2), a person commits an offence if, for the purposes of obtaining a licence, he or she makes any representation that he or she knows to be false or does not believe to be true. That person will be liable on summary conviction, to a fine not exceeding one hundred thousand United States Dollars (US\$100,000); or to a term of imprisonment not exceeding twelve (12) months.

| 1. Date of Application   | :  |                            |              | Application fee attached     |
|--------------------------|--|----------------------------|--------------|------------------------------|
| SECTION II. AP           | PLICANT'S CONTACT DE   | TAILS                      |              |                              |
| 2. Name of Applicant:    |  |                            |              |                              |
| 3. Principal Office Info | ormation:  |                            |              | Address information attached |
| Address:                 |  |                            |              |                              |
| Contact Person:          |  | E-mail Address:            |              |                              |
| Telephone Number:        |  | Fax Number:                |              |                              |
| 4. Website address, if   | any:   |                            |              |                              |
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| SCHEDULE A (3) – FORM (1): APPLICATION FOR APPROVAL TO BE A RECOGNISED CUSTODIAN   |  |                     |                |                 |               |               |                        |                  |          |
|--|--|---------------------|----------------|-----------------|---------------|---------------|------------------------|------------------|----------|
| SECTION III.   |  |                     |                |                 |               |               |                        |                  |          |
| 5. The applicant i   | 5. The applicant is a resident of Antigua and Barbuda:           |                     |                |                 |               |               |                        | Yes              | D No     |
| 6. The applicant l   | 6. The applicant has a place of business in Antigua and Barbuda: |                     |                |                 |               |               | T Yes                  | D No             |          |
| 7. Registration in   | formation of appli   | cant:               | Certificate    | of Incorporatio | n attached    | Arti          | icles and B            | y-laws attache   | d        |
| Company Registrati   | pany Registration Number: Date of In                             |                     |                | corporation:    |               |               |                        |                  |          |
| Place of Incorporation   | ion:   |                     |                |                 |               |               |                        |                  |          |
| 8. The applicant is considered to be in good legal standing.   |  |                     | Yes , (Certifi | cate of goo     | d standing    | attached)     | <b>D</b> <sub>No</sub> |                  |          |
| SECTION IV.  | OWNERSHI   | AND MAN             | AGEME          | NT STRU         | CTURE         |               |                        |                  | -        |
| 9. Provide the nar   | mes of beneficial or   | wners with 20% int  | erest or mo    | re in the appl  | licant:       | ſ             | Share                  | register attach  | ed       |
| Shareholder 1:   |  |                     | Sha            | areholder 3:    |               |               |                        |                  |          |
| Shareholder 2:   |  |                     | Sha            | areholder 4:    |               |               |                        |                  |          |
| 10. Provide the na   | mes of directors ir  | the applicant:      |                |                 | 1             |               |                        |                  |          |
| Director 1:  |  |                     |                | Director 3:     |               |               |                        |                  |          |
| Director 2:  |  |                     |                | Director 4:     |               |               |                        |                  |          |
| 11. Provide the na   | mes of executive of  | officers or manage  | rs in the ap   | plicant:        |               | [             | Organ                  | nizational chart | attached |
| Name 1:  |  |                     |                | Name 3:         |               |               |                        |                  |          |
| Name 2:  |  |                     |                | Name 4:         |               |               |                        |                  |          |
| SECTION V.   | REGULATOR  | Y INFORMA           | TION           |                 |               |               |                        |                  |          |
| 12. The applicant i  | s licensed with an   | other jurisdiction. |                |                 | Yes, o        | certified cop | py of licenc           | ce attached      | D No     |
| 13. Information or   |  | thority in the app  | licant's juri  | sdiction :      |               |               |                        |                  |          |
| Regulatory Authorit  | ty:  |                     |                |                 |               |               |                        |                  |          |
| Address:   |  |                     | -              |                 |               |               |                        |                  |          |
| Contact's Name:<br>Telephone Number  |  |                     |                | -mail Addres    | .5.           |               |                        |                  |          |
|  |  |                     |                | ax Number.      |               |               |                        |                  |          |
| Website address, if  |  |                     |                |                 |               |               |                        |                  |          |
| SECTION VI.  |  |                     |                |                 |               |               |                        |                  |          |
| 14. The custodian<br>Prevention of   |  | Money Launderin     | g Preventio    | on Act and th   | Yes           | s (Complian   | nce Manual             | l attached)      | D No     |
| 15. The complianc<br>Service Provide   |  | es the requiremen   | ts captured    | in the Corpo    | orate Managen | nent and      | Trust                  | Yes              | D No     |
| 16. The applicant has documented AML/CFT policies and procedures.  |  |                     |                |                 |               |               |                        |                  |          |
| 17. The applicant has a designated compliance officer.   |  |                     |                |                 |               |               |                        |                  |          |
| c:\users\glenn.fsrc\appdata\local\temp\schedule a(3) form(1) - approval for Last Revised: 3/21/2016 3:44:19 PM Page 3 of 4 recognized custodian 05292012_5ca81bd6.docx |  |                     |                |                 |               |               |                        |                  |          |

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|---|---|---|--|--|--|
| 18. The applicant screens its customers against established databases such as OFAC.   |   |   |  |  |  |
| <b>19.</b> The applicant has an independent AML/CFT audit review program in place.  |   |   |  |  |  |
| SECTION VII.  | DECLARATION   |   |  |  |  |
| The applicant hereby declar<br>application is true and corre-<br>with this application. We und<br>itself as to the initial and co | <b>igned by any two authorized signatories of the applicant.</b><br>es that all the information provided in this application and any other document provided in support of<br>et. Applicant further undertakes to inform the Commission without delay of any charges to the information a<br>lerstand and accept that the Commission may wish to make inquiries, both now and on a continuing basis, t<br>ntinuing fitness and propriety of the applicant and its directors and management. Consequently, we author<br>amed in this application that the Commission may approach, to provide such information, as the Commission<br>nent. | supplied<br>o satisfy<br>rize any<br>believes |  |  |  |
| Title/Position  |   |   |  |  |  |
| Authorized Signature  | Date  |   |  |  |  |
| Authorized Name (2)   |   |   |  |  |  |
| Title/Position  |   |   |  |  |  |
| Authorized Signature  | Date  |   |  |  |  |
| SECTION VIII.   | DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION  |   |  |  |  |
| Documents   | Notes Att   | ached   |  |  |  |
| 1. Application Fee  | A onetime non-refundable application fee of US\$500 payable to the Financial Services Regulatory Commission.  | 7   |  |  |  |
| 2. Address Information  | An original copy of a utility bill or similar document showing proof of principal address of the applicant's place of business.   |   |  |  |  |
| 3. Certificate of incorporation   | Provide a certified copy of certificate of incorporation in the name of the applicant.  |   |  |  |  |
| 4. Articles and By-laws   | Certified copy of articles and by-laws or other governing documents are required in the name of the applicant.  |   |  |  |  |
| 5. Share Register   | A certified copy of the company's share register or other legal proof of beneficial ownership detailing the names of the shareholders and the amount of shares allocated to each shareholder.   |   |  |  |  |
| 6. An organizational chart  | An organizational chart for the applicant detailing the corporate governance and departments of the organization and detailing the level of management.   | ]   |  |  |  |
| 7. Certificate of good standing   | A certificate of good standing for is required in the name of the custodian.  |   |  |  |  |
| <ol> <li>Licence from regulatory<br/>authority</li> </ol>   | Evidence of licence from regulatory authority from a FATF jurisdiction.   | <b>_</b>                                      |  |  |  |
| 9. Compliance Manual  | A copy of the applicant's Compliance Manual, out-lining the organization's anti-money laundering policies and procedures, the prevention of terrorism, ongoing training policies and procedures, independent audit review policies, the role of the compliance officer and compliance policies in place relevant to applicable laws and regulations governing corporate management and service providers.   | 7   |  |  |  |
| 10. Authorised signatories  | A certified copy of a list of the names and signatures of all persons who can sign on behalf of the company.<br>The document should have the company's seal affixed to it.  |   |  |  |  |
| 11. Approval Fee  | Cheque payable to "the FSRC" for the approval fee upon receipt of confirmation of approval.   | <b>–</b>                                      |  |  |  |
| SECTION IX. AD  | MINISTRATION - FOR FSRC USE ONLY  |   |  |  |  |
| Received by (employee's nar   | ne): Date:  |   |  |  |  |
| Decision taken by the Comm  | ission:   |   |  |  |  |
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