



# Antigua and Barbuda Financial Services Regulatory Commission

**The Corporate Management and Trust Service Providers Act, 2008 [Section 6A and 7] as Amended**

## **SCHEDULE A(3) – FORM (2): APPLICATION FOR RENEWAL OF 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](mailto:CorporateManagement@fsrc.gov.ag)

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

## SECTION I. INSTRUCTIONS FOR COMPLETING SCHEDULE A(3) – FORM (2): APPLICATION FOR RENEWAL OF APPROVAL TO BE A RECOGNISED CUSTODIAN

1. This application must be submitted with all supporting documentation listed at the end of the form.
2. This form can be downloaded from the Commission’s website in Adobe Acrobat format, and can be completed online. Alternatively, the custodian 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 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.

<b>1. Date of Application:</b>	
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## SECTION II. CONTACT DETAILS

<b>2. Name of Custodian:</b>		<input type="checkbox"/>	Certificate of Good Standing attached
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<b>3. Principal Office Information:</b>		<input type="checkbox"/>	Address information attached
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Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	

<b>4. Website address, if any:</b>	
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### SECTION III. OWNERSHIP AND MANAGEMENT STRUCTURE

5. Provide the names of beneficial owners with 20% interest or more in the Custodian:  Share register attached

Shareholder 1:		Shareholder 3:	
Shareholder 2:		Shareholder 4:	

6. Provide the names of directors in the custodian:

Director 1:		Director 3:	
Director 2:		Director 4:	

7. Provide the names of executive officers or managers in the custodian:  Organizational chart attached

Name 1:		Name 3:	
Name 2:		Name 4:	

### SECTION IV. REGULATORY INFORMATION

8. The custodian is licensed with another jurisdiction.  Yes, certified copy of licence attached  No

9. Information on the regulatory authority in the custodian’s jurisdiction :

Regulatory Authority:			
Address:			
Contact Person:	E-mail Address:		
Telephone Number:	Fax Number:		
Website address,:			

### SECTION V. COMPLIANCE PROGRAM INFORMATION

10. The custodian complies with the Money Laundering Prevention Act and the Prevention of Terrorism Act.  Yes (Compliance Manual attached)  No

11. The compliance manual addresses the requirements captured in the Corporate Management and Trust Service Providers Act.  Yes  No

12. The custodian has documented AML/CFT policies and procedures.  Yes  No

13. The custodian has conducted a risk assessment of its services.  Yes  No

14. The custodian has an AML/CFT training program in place for staff.  Yes  No

15. The custodian screens its customers against established databases such as OFAC.  Yes  No

### SECTION VI. DECLARATION

This declaration must be signed by any two authorized signatories of the custodian.

The custodian hereby declares that all the information provided in this application and any other document provided in support of the said application is true and correct. The custodian further undertakes to inform the Commission without delay of any changes to the information supplied with this application. We understand and accept that the Commission may wish to make inquiries, both now and on a continuing basis, to satisfy itself as to the initial and continuing fitness and propriety of the custodian and its directors and management. Consequently, we authorize any person, body or institution named in this application that the Commission may approach, to provide such information, as the Commission believes may be relevant to its assessment.

**SCHEDULE A (3) – FORM (2): APPLICATION FOR RENEWAL OF APPROVAL TO BE A RECOGNISED CUSTODIAN**

<b>Authorized Name (1):</b>		<input type="checkbox"/> Proof of authorized signatures attached
<b>Title/Position</b>		
<b>Authorized Signature</b>		<b>Date:</b>
<b>Authorized Name (2):</b>		
<b>Title/Position</b>		
<b>Authorized Signature</b>		<b>Date:</b>

**SECTION VII. DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION**

Documents	Notes	Attached
1. Certificate of good standing	A certificate of good standing is required for the approved custodian.	<input type="checkbox"/>
2. Address Information	An original copy of a utility bill or similar document showing proof of principal address of the custodian's place of business, <b>if the address has changed during the year.</b>	<input type="checkbox"/>
3. Share Register	A certified copy of the custodian'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, <b>if this information has changed during the year.</b>	<input type="checkbox"/>
4. An organizational chart	An organizational chart for the custodian detailing the corporate governance and departments of the organization and detailing the level of management, <b>to reflect new Directors, Managers or Officers, if changes were made during year.</b>	<input type="checkbox"/>
5. Licence from regulatory authority	Evidence of licence from regulatory authority from a FATF jurisdiction <b>for the upcoming year.</b>	<input type="checkbox"/>
6. Compliance Manual	A copy of the custodian's Compliance Manual, outlining 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, <b>if changes were made during year.</b>	<input type="checkbox"/>
7. Authorised signatories	A certified copy of a list of the names and signatures of all persons who can sign on behalf of the custodian. The document should have the company's seal affixed to it, <b>if there were changes during the year not yet submitted to the Commission.</b>	<input type="checkbox"/>
8. Approval Fee	Cheque payable to "the FSRC" for the approval fee upon receipt of confirmation of approval.	<input type="checkbox"/>

**SECTION VIII. ADMINISTRATION - FOR FSRC USE ONLY**

<b>Received by (employee's name):</b>		<b>Date:</b>
<b>Decision taken by the Commission:</b>		