



Antigua and Barbuda Financial Services Regulatory Commission

The Corporate Management and Trust Services Providers Act, 2008 SCHEDULE E: NOTICE OF AUDITOR

This form can be downloaded from the Commission's website in Adobe Acrobat format, and completed online. Alternatively, the form may be printed and completed with the use of a typewriter, or **black ink** and **BLOCK CAPITALS** or typescript. 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 must be completed in the form: Day/Month/Year. Questions left unanswered or do not disclose all information will affect the Commission's assessment, and may result in significant delays in processing.

1. Type of application (Check one box only):	<input type="checkbox"/> Initial Approval	<input type="checkbox"/> Renewal Approval
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2. Date of Notice:	<input type="text"/>
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SECTION I. DETAILS OF THE LICENSEE

3. Name and address of Licensee:

Business Name:	<input type="text"/>		
Address:	<input type="text"/>		
Licence No.:	Contact Person:	<input type="text"/>	
Telephone No.:	Mobile No.:	<input type="text"/>	
Fax No.:	E-mail Address:	<input type="text"/>	

4. Indicate the Class of Licence granted under the Corporate Management and Trust Services Providers Act:

<input type="checkbox"/> Class A Licence	<input type="checkbox"/> Class B Licence	<input type="checkbox"/> Class C Licence	<input type="checkbox"/> Class D Licence	<input type="checkbox"/> Class E Licence
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SECTION II. DETAILS OF THE EXTERNAL AUDITOR

5. Name and address of the external auditor:

Business Name:	<input type="text"/>		
Address:	<input type="text"/>		
Licence No.:	Contact Person:	<input type="text"/>	
Telephone No.:	Fax No.:	<input type="text"/>	
Website address:	<input type="text"/>		

6. Please indicate the date of appointment as the external auditor:	<input type="text"/>
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SECTION III. DECLARATION

This declaration must be signed by an authorized signatory of the applicant/licensee.

I hereby certify that all the information provided in this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief.

Authorized Name:	<input type="text"/>	Signature:	<input type="text"/>
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SCHEDULE E: NOTICE OF AUDITOR

Title/Position:	Date:
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SECTION IV. AUDITOR'S QUALIFICATION CRITERIA

An auditor of the licensee must be a Chartered Accountant or a Certified Public Accountant (CPA) and a member of the Institute of Chartered Accountants of the Eastern Caribbean (ICAEC) or some other professionally qualified accountant, satisfactory to the Financial Services Regulatory Commission (the "Commission"). Kindly check the appropriate box (es) below.

Qualification(s)	Attached
<input type="checkbox"/> Certified General Accountant (CGA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Association Certified Chartered Accountant (ACCA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Chartered Accountant (CA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Certified Public Accountant (CPA) Certificate	<input type="checkbox"/>
<input type="checkbox"/> A member of the Institute of Chartered Accountants of the Eastern Caribbean (ICAEC) Certificate	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>

SECTION V. DOCUMENTATION WHICH FORMS PART OF THIS NOTICE

Documents	Notes	Attached
1. Letter of engagement	A copy of the letter of engagement between the licensee and the auditor is required.	<input type="checkbox"/>
2. Auditor's licence	A certified copy of the auditor's licence to practice in Antigua and Barbuda is required.	<input type="checkbox"/>

SECTION VI. DECISION TAKEN BY THE FSRC

7. Auditor approved: YES No

8. Additional comments:

Authorized Name:	Signature:
Title/Position:	Date:

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>