



Antigua and Barbuda Financial Services Regulatory Commission

The Corporate Management and Trust Services Providers Act, 2008 SCHEDULE F: NOTICE OF EXTENSION OF TIME

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. Date of Notice:

SECTION I. LICENSEE'S INFORMATION

2. Licensee details:

Name of Licensee:

Licence Number:

Address:

Licence Number:

Contact Person:

Telephone Number:

Mobile Number:

Fax Number:

E-mail Address:

SECTION II. DETAILS OF REQUEST FOR TIME EXTENSION

3. Indicate the number of days being requested:

4. State the proposed date of submission for outstanding information:

5. List the outstanding compliance issues for which you are requesting the extension:

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6. Briefly describe the reasons for requesting extension of time:

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SECTION III. DECLARATION

FORM F: NOTICE OF EXTENSION OF TIME

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:		Signature:	
Title/Position:		Date:	

SECTION IV. DECISION TAKEN BY THE FSRC

7. Approval of extension granted:

YES

No

8. Comments:

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Authorized Name:		Signature:	
Title/Position:		Date:	

Please forward completed form with any supporting material to:

Director of International Business Corporations

Financial Services Regulatory Commission

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