

Antigua and Barbuda Financial Services Regulatory Commission

The Corporate Management and Trust Service Providers Act, 2008 [Section 9] SCHEDULE H(1): NOTICE OF CHANGE IN PARTICULARS OF LICENSEE

Where a change occurs in the particulars of a licensee as set out in the application for the licence, the licensee shall within thirty (30) days of such change, inform the Commission of the change in this schedule.

This schedule 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. Name of Licensee:				Licence Number:				
3. Principal Office Information:								
Address:								
Contact Person:			Telephone Number					
Fax Number:			E-mail Address:					
SECTION II. PARTICULARS OF CHANGE								
4. Provide deta	ils on chang	e in particulars of the licensee.			Particulars attached			

SECTION III. DECLARATION

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

I hereby certify that all the information provided on this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief. I further undertake to inform the Commission without delay of any changes to this form and any information supplied with this form.

Authorised Name (1):	
Title/Position	
	R

SCHEDULE H(1): NOTICE OF CHANGE IN PARTICULARS OF LICENSEE							
Authorized Signature		Date:					
Authorised Name (2):							
Title/Position							
Authorized Signature		Date:					
SECTION IV. ADMINISTRATION - FOR FSRC USE ONLY							
Received by (employee'	's name):	Date:					
Decision taken by the Co	ommission:						

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: <u>CorporateManagement@fsrc.gov.ag</u> Website: http://www.fsrc.gov.ag