



# Antigua and Barbuda Financial Services Regulatory Commission

## The Corporate Management and Trust Service Providers Act, 2008 [Section 9] SCHEDULE H(2): NOTICE OF CHANGE IN PARTICULARS OF A RECOGNISED CUSTODIAN

Where a change occurs in the particulars of a recognized custodian as set out in the application for the approval of the recognized custodian, the recognized custodian shall within thirty (30) days of such change, inform the Commission of the change in this form.

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. CUSTODIAN INFORMATION

2. Name of Custodian:

Approval Number:

3. Custodian Office Information:

Address:

Contact Person:

Telephone Number:

Fax Number:

E-mail Address:

### SECTION II. PARTICULARS OF CHANGE

4. Provide details on change in particulars of the custodian.



Particulars attached

### SECTION III. DECLARATION

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

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):

SCHEDULE H(2): NOTICE OF CHANGE IN PARTICULARS OF A RECOGNISED CUSTODIAN

Title/Position	
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 Commission:	

Please forward completed form with any supporting material to:

**Director of International Business Corporations**

**Financial Services Regulatory Commission**

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