

**ANTIGUA AND BARBUDA**



**INTERNATIONAL BUSINESS CORPORATIONS ACT  
(PRESCRIBED FORMS) REGULATIONS, 2024**

**STATUTORY INSTRUMENTS**

**2024, No. 42**

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**ANTIGUA AND BARBUDA**

**INTERNATIONAL BUSINESS CORPORATIONS ACT (PRESCRIBED FORMS)  
REGULATIONS, 2024**

**ARRANGEMENT OF REGULATIONS**

**REGULATION**

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REGULATIONS, 2024**

**STATUTORY INSTRUMENTS**

**2024, No. 42**

**INTERNATIONAL BUSINESS CORPORATIONS ACT (PRESCRIBED FORMS)  
REGULATIONS, 2024, made in exercise of the powers contained in section 351 of the  
International Business Corporations Act, Cap. 222.**

**1. Citation**

These Regulations may be cited as the International Business Corporations Act (Prescribed Forms) Regulations, 2024

**2. Interpretation**

In these Regulations, “the Act” means the International Business Corporations Act, Cap. 222.

**3. Prescribed form for section 18A – Annual Attestation report on beneficial ownership and control**

The prescribed form required to be used pursuant to section 18A of the Act shall be in First Schedule to these regulations.

**4. Prescribed form for section 18B - Filing change of information**

The prescribed form required to be used pursuant to section 18B of the Act shall be in Second Schedule to these regulations.

**FIRST SCHEDULE****ANNUAL ATTESTATION REPORT FORM***(Regulation 3)*

## Antigua and Barbuda Financial Services Regulatory Commission

THE INTERNATIONAL BUSINESS CORPORATION ACT  
ANNUAL ATTESTATION OF BENEFICIAL OWNERSHIP  
Section 18A of the International Business Corporations Act, Cap. 222

**GENERAL INFORMATION**

In accordance with section 18A of the International Business Corporations Act, Cap 222 ("the Act"), a director shall submit annually an attestation report to the registered agent on the beneficial ownership and control of the company.

**SECTION I****COMPANY INFORMATION**Name of IBC: Registration Number: Annual Attestation for the year ending: **ANNUAL ATTESTATION ON BENEFICIAL OWNERSHIP AND CONTROL****SECTION II  
PARTICULARS**

*Beneficial owner refers to the natural person(s) who ultimately owns or controls a customer and/or, the natural person on whose behalf a transaction is being conducted and/or, those persons who exercise ultimate effective control over a legal person or arrangement. Reference to "ultimately owns or controls" and "ultimate effective control" refers to situations in which ownership/control is exercised through a chain of ownership or by means of control other than by direct control."*





**SECTION III  
DECLARATION**

I declare that the information listed on this document is true and correct to the best of my knowledge.

Name of Authorized Signatory

Signature

Date

Please forward completed form with any supporting material to:

**Manager of IBCs & CMTSPs**

**Financial Services Regulatory Commission**

P.O. Box 2674, St. John's, Antigua


**Tel:** (268) 481-1194 • **Fax:** (268) 463-0422

**Email:** [registrar@fsrc.gov.ag](mailto:registrar@fsrc.gov.ag)

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



**SECOND SCHEDULE****NOTICE OF CHANGE OF INFORMATION FORM***(Regulation 4)*

	<p><b>Antigua and Barbuda</b> <b>Financial Services Regulatory Commission</b></p> <p>THE INTERNATIONAL BUSINESS CORPORATIONS ACT, CAP. 222 (Section 18B) NOTICE OF CHANGE</p>
<p>A corporation shall file with the Commission a notice of change of –</p> <ul style="list-style-type: none"> <li>a) the name and address of any new shareholder;</li> <li>b) the name and address of any shareholder who has an increase in the percentage of shares in the company and the new percentage of shares which the shareholder now owns;</li> <li>c) the name and address of any new person who controls the company acting directly or indirectly, and acting individually or jointly;</li> <li>d) the name of any new director and/or officer;</li> <li>e) the name and address of any other new natural person exercising ultimate effective control over the company;</li> <li>f) the name of any new nominator;</li> <li>g) the address of the registered office of the corporation; and</li> <li>h) any other information which the Commission may require from time to time.</li> </ul>	
<p>A notice of change must be filed with the Commission no later than fifteen (15) days from the date of the change. A notice of change must be filed in the prescribed form.</p>	
<p>A company that fails to file a notice of change, in accordance with the Act, is liable for the payment of penalties as follows:</p> <ul style="list-style-type: none"> <li>(a) if the change is filed after the 15 business days but within 30 business days, a penalty of US\$50.00, plus the regular filing fee.</li> <li>(b) if the change is made after 30 business days but within 60 business days – a penalty of USD100.00, plus the regular filing fee.</li> <li>(c) if the change is filed after 60 business days but within 90 business days a penalty of US\$200 plus the regular filing fee.</li> <li>(d) after 90 business days a penalty of US\$500 plus the regular filing fee.</li> </ul>	
<p>The form can be downloaded from our website in Adobe Acrobat format and can be completed by entering information directly into the form. Alternatively, the form can be printed and completed with the use of a typewriter. 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 should be completed in the form: Day/Month/Year.</p>	
<p>We hereby file a Notice of Change, in accordance with the International Business Corporations Act, Cap. 222</p>	
<p>1. Date of Notice: <input type="text"/></p>	
<p><b>SECTION: I DETAILS OF CORPORATE MANAGEMENT &amp; TRUST SERVICE PROVIDER (CMTSP/Trustee)</b></p>	
<p>2. Name and address of Corporate Management and Trust Service Provider:</p>	
Contact Person:	<input type="text"/>
Name of CMTSP:	<input type="text"/>
Licence Number:	<input type="text"/>





g) The address of the new registered office.		
Name of Trust	New Registered Address	Effective Date of Change

**SECTION III  
DECLARATION**

I declare that the information listed on this document is true and correct to the best of my knowledge.

**SECTION: VII AUTHORIZATION**

Authorized Name:		Signature:	
Title:		Date:	

**SECTION: VIII CONTACT DETAILS**

Please forward completed form with any supporting material to:  
**Manager of IBCs & CMTSPs**  
**Financial Services Regulatory Commission**  
P.O. Box 2674, St. John's, Antigua  
**Tel:** (268) 481-1194 • **Fax:** (268) 463-0422  
[registryandCMTSP@fsrc.gov.ag](mailto:registryandCMTSP@fsrc.gov.ag)  
[Website: http://www.fsrc.gov.ag](http://www.fsrc.gov.ag)

Made this the 23<sup>rd</sup> day of May, 2024

**Hon. Gaston Browne**  
*Prime Minister and Minister of Finance and  
Corporate Governance*