ANTIGUA AND BARBUDA



INTERNATIONAL BUSINESS CORPORATIONS ACT (PRESCRIBED FORMS) REGULATIONS, 2024

STATUTORY INSTRUMENTS

2024, No. 42

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International Business Corporations Act (Prescribed Forms) Regulations, 2024

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INTERNATIONAL BUSINESS CORPORATIONS ACT (PRESCRIBED FORMS) REGULATIONS, 2024

ARRANGEMENT OF REGULATIONS

REGULATION

| 1. | Citation | .4 |
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| 2. | Interpretation | .4 |
| | Prescribed form for section 18A – Annual Attestation report on beneficial ownership and ntrol | .4 |
| | Prescribed form for section 18B - Filing change of information | |

ANTIGUA AND BARBUDA

INTERNATIONAL BUSINESS CORPORATIONS ACT (PRESCRIBED FORMS) 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 Regulaitons 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.

International Business Corporations Act (Prescribed Forms) Regulations, 2024

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." |
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| lame | Date of Birth | Place of Birth | ID Type | ID # | Date of Expiration | Nationality | Residential Address | % Beneficial Ownership Held | Date Ownership began | Date Ownership Ceased |
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b) The name and particulars of any person who controls the company acting directly or indirectly and acting individually or jointly.

| Name | Date of Birth | Place of Birth | ID Type | ID # | Date of Expiration | Nationality | Residential Address | % Beneficial Ownership Held | Date Ownership began | Date Ownership Ceased |
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c) The name and particulars of all the directors and officers.

| Name | Date of Birth | Place of Birth | ID Түре | ID # | Date of Expiration | Nationality | Residential Address | Date of Appointment | Date of Cessation |
|------|------------------|-------------------|---------|------|-----------------------|-------------|------------------------|------------------------|----------------------|
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e) The name and particulars of any nominee who holds shares and ownership interests on behalf of a nominator.

| Name | Date of Birth | Place of Birth | ID Type | ID # | Date of Expiration | Nationality | Residential Address | Date of Appointment | Date of Cessation |
|------|------------------|-------------------|---------|------|-----------------------|-------------|------------------------|------------------------|----------------------|
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f) The name and particulars of the nominator.

| Name | Date of Birth | Place of Birth | ID Түре | ID# | Date of Expiration | Nationality | Residential Address | % Beneficial Ownership Held | Date Ownership began | Date Ownership Ceased |
|------|------------------|-------------------|---------|-----|-----------------------|-------------|------------------------|-----------------------------------|----------------------------|-----------------------------|
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| | SECTION III |
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| | DECLARATION |
| | |
| I declare that the information listed on this | s document is true and correct to the best of my knowledge. |
| | |
| | |
| Name of Authorized Signatory | Signature |
| | |
| Date | |
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| | |
| Please forward completed form with any | |
| Financial Services Regulatory Com .0. Box 2674, St. John's, Antigua [e]: (268) 481-1194 • Fax: (268) 463-0422 ingli: registryandCMTSP@fsrc.gov.ag | imission |
| Website: http://www.fsrc.gov.ag | |
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International Business Corporations Act (Prescribed Forms) Regulations, 2024

SECOND SCHEDULE

NOTICE OF CHANGE OF INFORMATION FORM

(Regulation 4)

| For the same of any new director and/or officer is and address of any new shareholder now owns: al. the name and address of any new shareholder now owns: b. the name and address of any new shareholder now owns: b. the name and address of any new shareholder now owns: b. the name and address of any new shareholder now owns: b. the name and address of any new shareholder now owns: b. the name and address of any new person who controls the company acting directly or indirectly, and acting individually or officing b. the name and address of any new person who controls the company acting directly or indirectly, and acting individually or officing b. the name and address of any other new natural person exercising ultimate effective control over the company and the new percentage of shares which the Shareholder now owns: b. the name and address of any other new natural person exercising ultimate effective control over the company and the new and address of any other new natural person exercising ultimate effective control over the company. b. the address of the negistered office of the corporation; and b. address of the negistered office of the corporation; and b. address of the negistered office of the corporation; and b. address of the anotice of change, in accordance with the Act, is liable for the payment of penalties stole of change must be filed with the Commission no later than fifteen (15) days from the date of the change. b. office thange is filed after the 15 business days but within 30 business days a penalty of USD100.00, plus the regular filing fee. (b) of the change is filed after the 15 business days but within 30 business days a penalty of USD200 plus the regular filing fee. (b) after 30 business days but within 30 business days a penalty of USD200 plus the regular filing fee. (c) after 30 business days a penalty of USD200 plus the regular filing fee. | | Antigua and Barbuda |
|--|---|--|
| A corporation shall file with the Commission a notice of change of – a) the name and address of any new shareholder; 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 own; c) the name and address of any new shareholder; b) the name and address of any new person who controls the company acting directly or indirectly, and acting individually or jointly; c) the name of any new director and/or officer; e) the name of any new onominator; c) the name of any new nominator; g) the address of the commission may require from time to time. 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 with the Commission no later than fifteen (15) days from the date of the change. A notice of change is the filed anotice of change, in accordance with the Act, is liable for the payment of penalties as follows: (a) if the change is filed after the 15 business days but within 60 business days a penalty of US5200 00, plus the regular filing fee. (c) if the change is filed after 60 business days but within 90 business days a penalty of US5200 plus the regular filing fee. (d) after 90 business days a penalty of US5200 plus the regular filing fee. (d) after 90 business days a penalty of US5200 plus the regular filing fee. (e) if the change is filed after 60 business days | | 5 |
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| A notice of change must be filed in the prescribed form. A company that fails to file a notice of change, in accordance with the Act, is liable for the payment of penalties as follows: (a) if the change is filed after the 15 business days but within 60 business days, a penalty of US550.00, plus the regular filing fee. (b) if the change is made after 30 business days but within 60 business days - a penalty of US510.00, plus the regular filing fee. (c) if the change is filed after 60 business days but within 90 business days - a penalty of US5200 plus the regular filing fee. (d) after 90 business days a penalty of US5500 plus the regular filing fee. (d) after 90 business days a penalty of US5500 plus the regular filing fee. 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. We hareby file a Notice of Change, in accordance with the international Business Corporations Act, Cap. 222 the ator Notice: SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP/Trustee) Name of CMTSP: | ing any outer morning | adon which the commission may require nom time to time. |
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| (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. (c) if the change is filed after 60 business days but within 90 business days a penalty of USD200 plus the regular filing fee. (d) after 90 business days a penalty of USS500 plus the regular filing fee. 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. We hereby file a Notice of Change, in accordance with the international Business Corporations Act, Cap. 222 1. Date of Notice: SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP/Trustee) 2. Name and address of Corporate Management and Trust Service Provider: Contact Person: Name of CMTSP: | | to file a notice of change, in accordance with the Act, is liable for the payment of penalties |
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| (d) after 90 business days a penalty of USS500 plus the regular filing fee. 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. We hereby file a Notice of Change, in accordance with the international Business Corporations Act, Cap. 222 1. Date of Notice: SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP/Trustee) 1. Name and address of Corporate Management and Trust Service Provider: Contact Person: Name of CMTSP: | (b) if the change is ma | ade after 30 business days but within 60 business days -a penalty of USD100.00, plus the regular filing fee. |
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| 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. We hereby file a Notice of Change, in accordance with the International Business Corporations Act, Cap. 222 1. Date of Notice: SECTION: I DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER (CMTSP/Trustee) 2. Name and address of Corporate Management and Trust Service Provider: Contact Person: Name of CMTSP: | (d) after 90 business (| days a penalty of US\$500 plus the regular filing fee. |
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| (CMTSP/Trustee) I. Name and address of Corporate Management and Trust Service Provider: Contact Person: Name of CMTSP: | | |
| Name and address of Corporate Management and Trust Service Provider: Contact Person: Name of CMTSP: | SECTION: I DE | ETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER |
| Contact Person: Name of CMTSP: | (CMTSP/Trus | tee) |
| Name of CMTSP: | 2. Name and address of | f Corporate Management and Trust Service Provider: |
| | Contact Person: | |
| Licence Number: | Name of CMTSP: | |
| | Licence Number: | |

| Address: | | | | | | | |
|---------------------|---------------------------|---|-------------|---------------|----------------------|---------|---|
| Telephone Numbe | er: | | | Mobile Numbe | er: | | |
| Fax Number: | | | | E-mail Addres | is: | | |
| SECTION: II | DETAIL | S OF INTERI | VATIONAL | LIMITED L | | con | IPANY |
| . Name and addr | ess of Compar | ıy: | | | | | |
| lame of Company: | | | | | | | |
| egistration No.: | | | | | | | |
| perating Address: | | | | | | | |
| Name and addr | - | red Office: | | | | | |
| ame of Registered | | | | | | | |
| ddress of Registere | ed Office: | | | | | | |
| SECTION: II | I FILING | OF CHANGE | | | | | |
| . The following d | hange(s) were n | nade: | | | | | |
| a) The name and | d address of a Date of | any new sharehol | der. | 1 | | % of | Beneficial Ownership |
| Name | Birth | ID Type | Nationality | Address | | Held | |
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| | | any shareholder v ires which the sha | | | centage of sha | ires in | the company and |
| Name | Date of Birth | ID Type | Nationality | Address | New % of Sha Held | ares | Date % of shares in the Company increased |
| | | | | | | | |
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2024, No. 42

| Address: | | | | | | | |
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| Telephone Numbe | er: | | | Mobile Numbe | er: | | |
| Fax Number: | | | | E-mail Addres | 55: | | |
| SECTION: II | DETAIL | S OF INTERI | NATIONALI | IMITED L | | con | IPANY |
| 3. Name and addre | ess of Compan | ıy: | | | | | |
| Name of Company: | | | | | | | |
| Registration No.: | | | | | | | |
| Operating Address: | | | | | | | |
| 4. Name and addre | ess of Register | red Office: | | | | | |
| Name of Registered | Office: | | | | | | |
| Address of Registere | d Office: | | | | | | |
| SECTION: II | I FILING | OF CHANGE | | | | | |
| 5. The following ch | | | | | | | |
| a) The name and | d address of a | any new sharehol | der. | | | | |
| Nama | Date of Birth | ID Turns | Alasianation | Address | | % of Held | Beneficial Ownership |
| Name | DIFUI | ID Type | Nationality | Address | | neiu | |
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| | | | | | centage of sha | res in | the company and |
| the new perce | entage of sha | res which the sh | arenoider now o | wris. | | | Date % of shares in |
| Name | Date of Birth | ID Type | Nationality | Address | New % of Sha Held | ares | the Company increased |
| Wante | birth | ютурс | ivacionalicy | Address | Ticlu | | Increased |
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| 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 PO. 482 675, 81:bht%-Antigue Tel; 1281 641-1394 - Fair: (288) 643-042 Compression (288) 645-042 Website: http://www.fare.gov.ag Website: http://www.fare.gov.ag | |

Made this the 23rd day of May, 2024

Hon. Gaston Browne

Prime Minister and Minister of Finance and Corporate Governance