### ANTIGUA AND BARBUDA



# INTERNATIONAL FOUNDATIONS ACT (PRESCRIBED FORMS) REGULATIONS, 2024 STATUTORY INSTRUMENTS

2024, No. 44

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# ANTIGUA AND BARBUDA

# INTERNATIONAL FOUNDATIONS ACT (PRESCRIBED FORMS) REGULATIONS, 2024

# ARRANGEMENT OF REGULATIONS

# REGULATION

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#### ANTIGUA AND BARBUDA

# INTERNATIONAL FOUNDATIONS ACT (PRESCRIBED FORMS) REGULATIONS, 2024

#### STATUTORY INSTRUMENTS

2024, No. 44

INTERNATIONAL FOUNDATIONS ACT (PRESCRIBED FORMS) REGULATIONS, 2024, made in exercise of the powers contained in section 94 of the International Foundations Act, 2007.

#### 1. Citation

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

### 2. Interpretation

In these Regulations, "the Act" means the International Foundations Act, 2007, No. 19 of 2007.

# 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 the 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 the Second Schedule to these Regulations.

#### FIRST SCHEDULE

# ANNUAL ATTESTATION REPORT FORM

(Regulation 3)



# Antigua and Barbuda Financial Services Regulatory Commission

# THE INTERNATIONAL FOUNDATIONS ANNUAL ATTESTATION OF BENEFICIAL OWNERSHIP

Section 18A of the International Foundations Act, 2007

#### GENERAL INFORMATION

In accordance section 18A of the International Foundations Act, 2007 ("the Act"), a foundation shall submit annually an attestation report to the corporate management and trust service provider on the beneficial ownership and control of the foundation.

### SECTION I

COMPANY INFORMATION

Name of foundation:

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" refer to situations in which ownership/control is exercised through a chain of ownership or by means of control other than by direct control."

a)	The name and particulars of any person who controls the foundation acting directly or indirectly and acting
	individually or jointly.

Name	Date of Birth	Place of Birth	ID Туре	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation

b) The names and particulars of all founders and members.

Name	Date of Birth	Place of Birth	ID Туре	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation

c) The name and particulars of any beneficiary of the foundation.

Name	Date of Birth	Place of Birth	ID Туре	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation

# International Foundations Act (Prescribed Forms) Regulations, 2024

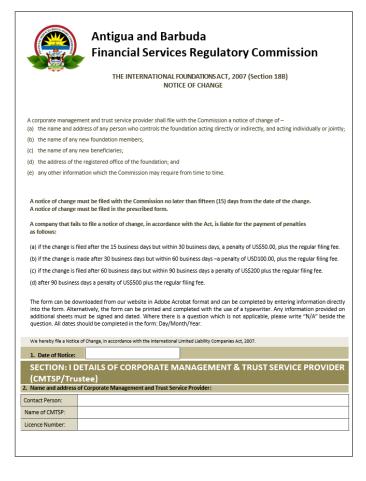
d) The nan	ie and par	ticulars of	any nomine	e who is a le	gal owner.				
Name	Date of Birth	Place of Birth	ID Type	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation
e) The na	me and pa	rticulars o	f the nomin	ator, where	applicable.				
Name	Date of Birth	Place of Birth	ID Туре	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation
f) The na	me and pa	rticulars o	f the natura	l person on	whose beh	alf the nomi	inee is ultimately	acting.	
lame	Date of Birth	Place of Birth	ID Туре	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation
	+								

	SECTION III DECLARATION		
eclare that the information listed on this document is tru	e and correct to the best	of my knowledge.	
Name of Authorized Signatory		Signature	
Date			
Please forward completed form with any supporting of Manager of IBCs & CMTSPs  Financial Services Regulatory Commission  Pio. Box 2674, St. John's, Antigua  Tel: (268) 481-1394 • Fax: (268) 463-0422  Egably registryandCMTSP@ fire.gov.ag  Webaits: http://www.farc.gov.ag	material to:		

#### SECOND SCHEDULE

#### NOTICE OF CHANGE OF INFORMATION FORM

(Regulation 4)



Address:					
Telephone Numb	per:			Mobile Number:	
Fax Number:				E-mail Address:	
			NATIONAL	FOUNDATION	
<ol> <li>Name and add Name of Foundation</li> </ol>		ition:			
Registration No.:					
Operating Address:	•				
		ared Office.			
<ol> <li>Name and add Name of Registered</li> </ol>		егеа Опісе:			
Address of Register					
			_		
		OF CHANG			
5. The following				detter estre diseath es	Saltanatha and nathan
<ul> <li>a) the name an individually (</li> </ul>		any person who	controls the foun	dation acting directly or i	indirectly, and acting
	Date of	T			
Name	Birth	ID Type	Nationality	Address	
b) the name of	any new four	ndation member	2.		
	Date of	ndation member:			
		ndation member	S; Nationality	Address	
b) the name of Name	Date of			Address	
	Date of			Address	
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	Date of			Address	
	Date of			Address	

	Date of				
ame	Birth	ID Type	Nationality	Address	
		- "	,		
			of the foundation;		
ddress of the N	lew Registered	Office:		Date of Change	of Registered Officer:
			SECTION I DECLARATION		
eclare that the ii	nformation listed	d on this documen		DN	vledge.
SECTION:	VII AUTH	on this documen	DECLARATION IT IS THE REPORT OF THE PROPERTY O	ON the best of my know	vledge.
SECTION:	VII AUTH		DECLARATION IT IS THE REPORT OF THE PROPERTY O	DN	vledge.
SECTION:	VII AUTH		DECLARATION IT IS THE REPORT OF THE PROPERTY O	ON the best of my know	vledge.
	VII AUTH		DECLARATION IT IS THE AMERICAN TO THE AMERICAN THE AMERIC	the best of my know	vledge.

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

Hon. Gaston Brown, *Minister of Finance and Corporate Governance.*