ANTIGUA AND BARBUDA



INTERNATIONAL LIMITED LIABILITY COMPANIES ACT (PRESCRIBED FORMS) REGULATIONS, 2024

STATUTORY INSTRUMENTS

2024, No. 45

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ANTIGUA AND BARBUDA

INTERNATIONAL LIMITED LIABILITY COMPANIES ACT (PRESCRIBED FORMS) REGULATIONS, 2024

ARRANGEMENT OF REGULATIONS

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ANTIGUA AND BARBUDA

INTERNATIONAL LIMITED LIABILITY COMPANIES ACT (PRESCRIBED FORMS) REGULATIONS, 2024

STATUTORY INSTRUMENTS

2024, No. 45

INTERNATIONAL LIMITED LIABILITY COMPANIES ACT (PRESCRIBED FORMS) REGULATIONS, 2024, made in exercise of the powers contained in section 97 of the International Limited Liability Companies Act 2007.

1. Citation

These Regulations may be cited as the International Limited Liability Companies Act (Prescribed Forms) Regulations, 2024

2. Interpretation

In these Regulations, "the Act" means the International Limited Liability Companies Act 2007, No. 20 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 First Schedule to these Regulations.

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

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 LIMITED LIABILITIES COMPANY ANNUAL ATTESTATION OF BENEFICIAL OWNERSHIP Section 18A the International Limited Liability Companies Act, 2007
GENERAL INFORMATION In accordance section 18A of the International Limited Liability Companies Act, 2007 ("the Act"), a manager shall submit annually an attestation report to the registered agent on beneficial ownership and control of the company.
SECTION I COMPANY INFORMATION Name of ILLC:
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."

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

 The name and particulars of any person who controls the company acting directly or indirectly and acting individually or iointly.

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

c) The name and particulars of any other natural 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

d) The names and particulars of all directors and officers of the company.

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

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 Туре	ID#	Date of Expiration	Nationality	Residential Address	Date of Appointment	Date of Cessation

f) The name and particulars of the nominator.

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

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	1
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 Equil: registry and CMTSP @ Faxgovag Webdin: Harty://www.faxgovag	

SECOND SCHEDULE NOTICE OF CHANGE OF INFORMATION FORM

(Regulation 4)



Antigua and Barbuda Financial Services Regulatory Commission

THE INTERNATIONAL LIMITED LIABILITY COMPANIES ACT, 2007 (Section 18B)
NOTICE OF CHANGE

A company shall file with the Commission a notice of change of -

- a) the name and address of any new shareholder;
- 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;
- the name and address of any new person who controls the company acting directly or indirectly, and acting individually or jointly;
- d) the name of any new director and/or officer;
- e) the name and address of any other new natural person exercising ultimate effective control over the company;
- f) the name of any new nominator;
- g) the address of the registered office of the company; and
- h) any other information which the Commission may require from time to time.

A notice of change must be filed with the Commission no later than fourteen (14) days from the date of the change. 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:

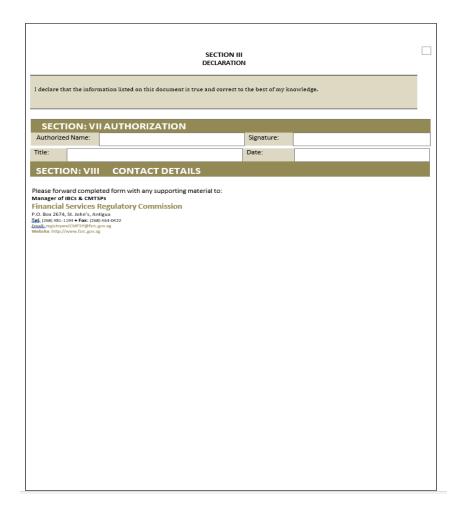
- (a) if the change is filed after the 15 business days but within 30 business days, a penalty of US\$50.00, plus the regular filing fee.
- (b) if the change is made after 30 business days but within 60 business days -a penalty of USD100.00, plus the regular filing fee.
- (c) if the change is filed after 60 business days but within 90 business days a penalty of US\$200 plus the regular filing fee.
- (d) after 90 business days a penalty of US\$500 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 No	tice of Change, in accordance with the International Limited Liability Companies Act, 2007.
1. Date of Notic	
SECTION: I (CMTSP/Ti	DETAILS OF CORPORATE MANAGEMENT & TRUST SERVICE PROVIDER rustee)
2. Name and addre	ss of Corporate Management and Trust Service Provider:
Contact Person:	
Name of CMTSP:	
Licence Number:	

Address:							
Tolophore Number							
Telephone Numbe	er:			Mobile Numbe	r:		
Fax Number:				E-mail Address	5:		
SECTION: II	DETAIL	COLINITED!	NATIONAL I	IMITED I	ABILITY	CON	IDANV
SECTION: II Name and addre			NATIONALL	.IMITED L	ABILITY	LUN	IPANY
lame of Company:	ess or compan	у.					
egistration No.:							
perating Address:							
. Name and addre	nes of Pagistar	ad Office:					
lame of Registered (_	ed Office:					
ddress of Registere							
SECTION: III							
. The following ch							
a) The name and	l address of a Date of	ny new sharehol	der.			% of	Beneficial Ownership
Name	Birth	ID Type	Nationality			Held	
			who has an increa areholder now or		entage of sha	res in	the company and Date % of shares in
Name	Date of Birth	ID Type	Nationality	Address	New % of Sha Held	ires	the Company increased
	2		. rationality	. 1001 000	. ICIU		

individua	ally or jointly.	_		_	% of Beneficial Ownership
Vame	Birth	ID Type	Nationality	Address	Held
	_				
d) The nam	e of any new dire	ector and/o	officer.		
	Date of				
Name	Birth	ID Type	Nationality	Address	
e) The nam	e and address of	any other r	ew natural person	exercising ultimate effect	tive control over the company.
	Date of				
Vame	Birth	ID Type	Nationality	Address	
	+				
) The nam	e of any new no	minator.			
Name	Date of Bir		ID Type	Nationality	Address
				,	
	1		I	1	



Made this 23rd day of May, 2024