



**LICENSEES UNDER THE FINANCIAL AND CORPORATE SERVICE PROVIDERS ACT, 2000
ANNUAL INFORMATION UPDATE FORM**

Please complete the applicable Section outlined below.

Section A – Individual

Name:		
Nationality:	Work Permit Expiration Date:	
Address:		
P. O. Box:	Telephone:	Facsimile:
Email:		
Nature of Business Activities: Financial <input type="checkbox"/> Corporate <input type="checkbox"/> Both <input type="checkbox"/>		
Business License Number:	Financial Year End:	
Affiliate Companies:		

Please indicate any additional changes with respect to the individual that the licensee considers important or appropriate.

Section B – Company

Name:		
Address:		
P.O. Box:	Telephone:	Facsimile:
Email:		
Contact Person:		
Directors & Nationalities:		
Shareholders & Nationalities:		
Business License Number:	Expiration Date:	Financial Year End:
Number of Employees:		
Attorneys:	Accountants/Auditors:	
Nature of Business Activities: Financial <input type="checkbox"/> Corporate <input type="checkbox"/> Both <input type="checkbox"/>		
Money Laundering Reporting Officer:		

Please indicate any additional changes with respect to the company that the licensee considers important or appropriate.



Section C – Partnership

Name:		
Address:		
P. O. Box:	Telephone:	Facsimile :
Email:		
Contact Person:		
Name of Partners & Nationalities:		
Directors/Shareholders & Nationalities:		
Business License Number:	Expiration Date:	Financial Year End:
Number of Employees:		
Attorneys:	Accountants/Auditors:	
Nature of Business Activities: Financial <input type="checkbox"/> Corporate <input type="checkbox"/> Both <input type="checkbox"/>		
Money Laundering Reporting Officer:		

Please indicate any additional changes with respect to the partnership/firm that the licensee considers important or appropriate.

Declaration:

I declare that the information given herein is complete and correct to the best of my knowledge as at the date of this form.

Signature: _____

Name (Authorized Personnel): _____

[Print]

Date: _____

Guidance Notes

1. For the intent and purposes of the Financial and Corporate Service Providers Act, 2000, this Form should be completed by such authorized person upon being satisfied that the information contained therein reflects:
 - a. Current information related to the licensing details of the Individual, Company, Partnership and any other material changes regarding the operations of the licensee.
2. The Form must be submitted at the time annual fees for the current period are received.
3. This Form must be signed personally by the authorized individual (as applicable), to be true and complete.