



**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:

Principle Address:

P. O. Box:

Telephone:

Facsimile:

Email:

Business License Number:

Financial Year End:

Affiliate Companies¹:

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

Section B – Company

Name:

Principle Address:

P.O. Box:

Telephone:

Facsimile:

Email:

Contact Person:

Directors - Nationalities and Address:

Shareholders –Nationalities and Address:

Business License Number:

Expiration Date:

Financial Year End:

Number of Employees:

Number of Companies Under Management (IBC and 1992 Companies):

Attorneys and Address:

Accountants/Auditors and Address:

Compliance Officer:

Money Laundering Reporting Officer:

Affiliate Companies:

¹ "Affiliate Companies" Please lists companies where you are employed or have an ownership interest in.



Website:

Other Licenses with the Securities Commission:

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

Section C – Partnership

Name:

Principle Address:

P. O. Box:

Telephone:

Facsimile:

Email:

Contact Person:

Name of Partners – Nationalities and Address:

Directors/Shareholders – Nationalities and Address:

Business License Number:

Expiration Date:

Financial Year End:

Number of Employees:

Number of Companies Under Management (IBC and 1992 Companies):

Attorneys and Address:

Accountants/Auditors and Address:

Compliance officer:

Money Laundering Reporting Officer:

Affiliate Companies:

Website:

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



Section D – Nature of Business Both:

Financial Services:

Money Lending: Credit Extension: Consultancy Services: Financial Leasing:

Mortgage Broking: Financial Intermediation: Money Broking: Escrow Services:

Debt Collection Services: Payday and Cash Advance: Other:

None:

Corporate Services:

Registration or Management and Administration of International Business Companies (IBC) Incorporated:

Registered Agent Services for Companies: Officers: Directors: Nominee Shareholders:

Partners for Partnerships under the Exempted Limited Partnership Act:

Registered Agent Services for Partnership: Other:

None:

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.