



**FIRMS REGISTERED UNDER THE DIGITAL ASSETS AND REGISTERED EXCHANGES ACT, 2020**

**ANNUAL INFORMATION UPDATE FORM**

Please complete or update the information outlined below to reflect the position of the company as at 31<sup>st</sup> December.

**Section A – Details of the Registrant**

**Name:**

**Digital Asset Activity(s):**

**Digital Token Exchange:**

**Provision of exchange between digital assets and fiat currencies:**

**Provision of exchange between one or more forms of digital assets:**

**Transferring of digital assets:**

**Payment service provider – using digital assets:**

**Digital asset service provider:**

**Participation in and provision of financial services related to an issuer's offer or sale of a digital asset:**

**Other:**  **Specify:**

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**Principle Address:**

**Street:**

**Building, suite, etc.:**

**City:**

**State/Province:**

**ZIP/Postal Code:**

**Country:**

**Website:**

**Telephone:**

**Facsimile:**

**Email:**

**Section B – Registration and Licensing Details**

**Chief Executive Officer:**

**Direct Line:**

**Date Appointed:**

**Email:**

**Permanent Address:**

**Street:**

**Building, suite, etc.:**

**City:**

**State/Province:**

**ZIP/Postal Code:**

**Country:**

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**Compliance Officer:**

**Direct Line:**

**Date Appointed:**

**Email:**

**Permanent Address:**

**Street:**

**Building, suite, etc.:**

**City:**

**State/Province:**

**ZIP/Postal Code:**

**Country:**

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**Money Laundering Reporting Officer:**

**Direct Line:**

**Date Appointed:**

**Email:**

**Permanent Address:**

**Street:**

**Building, suite, etc.:**

**City:**

**State/Province:**

**ZIP/Postal Code:**

**Country:**

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**Information Security Officer:**

**Direct Line:**

**Email:**

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**Affiliate Companies**

**Section C – Other Registrations**

License/Registration Category	Licensing Body and Jurisdiction	Date Licensed
<b>Exchange Listing:</b>		
<b>Jurisdiction:</b>	<b>Date Listed:</b>	<b>Contact:</b>
<b>Exchange Listing:</b>		
<b>Jurisdiction:</b>	<b>Date Listed:</b>	<b>Contact:</b>

**Section D – Directorship/Ownership Details**

**Names of Directors and Address:**

<b>Director 1 Name:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>

<b>Director 2 Name:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>

<b>Director 3 Name:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>

**Shareholders and Address:**

<b>Shareholder 1 Name:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>

<b>Shareholder 2 Name:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>

<b>Shareholder 3 Name:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>

**Section E – General Information**

**Regulatory Capital:**

**Business License Number:**

**Date of Latest Submission of Audited Financial Statement:**

**Fiscal Year End:**

**Number of Employees:**

**Name of Insurance Provider:**

**Indemnity Coverage Period:**

**From:**

**To:**

**Amount:**

**Section F – Service Providers Information**

<b>Auditor:</b>			
<b>Address:</b>			
<b>Building, suite, etc:</b>			
<b>City:</b>			<b>State/Province:</b>
<b>ZIP/Postal Code:</b>			<b>Country:</b>
<b>Phone:</b>			<b>Email:</b>

<b>Attorney:</b>		
<b>Address:</b>		
<b>Building, suite, etc:</b>		
<b>City:</b>		<b>State/Province:</b>
<b>ZIP/Postal Code:</b>		<b>Country:</b>
<b>Phone:</b>		<b>Email:</b>

<b>Banker:</b>		
<b>Address:</b>		
<b>Building, suite, etc:</b>		
<b>City:</b>		<b>State/Province:</b>
<b>ZIP/Postal Code:</b>		<b>Country:</b>
<b>Phone:</b>		<b>Email:</b>

<b>Custodian:</b>		
<b>Address:</b>		
<b>Building, suite, etc:</b>		
<b>City:</b>		<b>State/Province:</b>
<b>ZIP/Postal Code:</b>		<b>Country:</b>
<b>Phone:</b>		<b>Email:</b>

**Section G – Outsourcing Arrangements**

**Provider/Entity service being provided to:**

Nature of outsourced service:

Date of commencement:

**Provider/Entity service being provided to:**

Nature of outsourced service:

Date of commencement:

**Provider/Entity service being provided to:**

Nature of outsourced service:

Date of commencement:

**Provider/Entity service being provided to:**

Nature of outsourced service:

Date of commencement:



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

**Declaration:**

I, the undersigned, hereby affirm that to the best of my information, knowledge and belief:

- a. the contents of this form and any attachments provided with this form are true, correct and not misleading; and
- b. all of the information filed with the Commission by the Registered Firm is current and applicable.

Signature:

\_\_\_\_\_

Name (Chief Executive Officer):

\_\_\_\_\_

[Print]

Date:

\_\_\_\_\_

**Guidance Notes**

1. For the intent and purposes of the Digital Assets and Registered Exchanges Act, 2020 (“the Act”), this Form should be completed by such authorized person upon being satisfied that the information contained therein reflects:
  - a. Current information related to the registration or licensing details of the Firm and any other material changes regarding the affairs of the company; and
  - b. Current information related to those persons licensed or registered with the Firm and any other material changes requiring an amendment to the initial application. This would also include information relating to the termination, resignation or retirement of any registered or licensed individual employed with the Firm, as the case may be.
2. A copy of the Firm’s indemnity insurance policy must be provided for the purposes of satisfying the Commission that the appropriate indemnity coverage has been maintained.
3. The Form must be submitted at the time annual fees for the current period are received.
4. This Form must be signed personally by the chief executive officer or managing officer (as applicable), to be true and complete.
5. In accordance with Section 8(4) of the Digital Assets and Registered Exchanges Act, 2020, this form is required to be submitted to the Commission annually no later than the 31<sup>st</sup> January.

**I. Calendar Year**

This is the period between 1<sup>st</sup> January and 31<sup>st</sup> December (12 months).