



**FINANCIAL AND CORPORATE SERVICES PROVIDERS LICENCE  
ANNUAL UPDATE AND DECLARATION FORM**

NB. All sections of this form must be completed which must be submitted by January 31.  
You may wish to keep a copy of the completed form for your records.

**PART I – GENERAL**

Name of Applicant \_\_\_\_\_

Company Name (if different) \_\_\_\_\_

Address of principal office of applicant, and registered office  
\_\_\_\_\_  
\_\_\_\_\_

**PART II – CHANGES**

(Indicate all changes to the particulars of the information provided since your licence was issued or renewed which was not the subject of an application for variation)

Have there been any changes to:

(a) address for service? Yes          No

If yes, please disclose new address for service:

\_\_\_\_\_  
\_\_\_\_\_

(b) registered office or registered agent? Yes          No

If yes, please disclose the name and address of the registered officer or registered agent.

\_\_\_\_\_  
\_\_\_\_\_

(c) contact information, including email address, phone or fax address? Yes          No

If yes, please disclose the details.

\_\_\_\_\_  
\_\_\_\_\_

(d) Attorneys or corporate officers or auditors? Yes No

If yes, please disclose the identity and address of the attorney or corporate officer or auditors.

---

---

(e) level of insurance coverage or insurance provider? Yes No

If yes, please disclose the details of the change.

---

---

(f) financial resources? Yes No

If yes, please disclose the details of the change.

---

---

(g) number of clients? Yes No

If yes, please disclose the details of the change.

---

---

**PART III VOLUNTARY DISCLOSURES**

The Licensee may complete this section if it wishes to disclose information with respect to its management or operations which it believes might be relevant to the Commission .

---

---

---

---

---

---

---

---

---

---

---

**PART IV DECLARATION**

By signature, I declare that the responses provided are true and correct, and that I have addressed all issues fully and completely and to the best of my knowledge.

---

I acknowledge that the Securities Commission of The Bahamas is entitled to confirm any disclosures made by me and I authorise any person holding data or information about the applicant to furnish information to the Commission or its duly authorised agent.

I confirm that the documents which are attached in evidence of the disclosures made herein are true copies of the relevant documents.

---

Signature

---

Date

This Form must be signed in all cases:

- (a) If the applicant is an individual, by that individual;
- (b) If the applicant is a partnership, by one of the partners;
- (c) If the applicant is a company, by one of the directors (who is not also the secretary);
- (d) If the applicant is a company, by one of the directors; or
- (e) In any other case, by a duly authorised officer of the applicant.

THIS APPLICATION IS THE PROPERTY OF THE SECURITIES COMMISSION OF THE BAHAMAS