FINANCIAL SERVICES REGULATORY COMMISSION
- Nevis Branch -

FORM 5

(Regulation 5)

APPLICATION FOR RENEWAL OF LICENCE AS A TRUST/ CORPORATE SERVICE PROVIDER

NOTES ON COMPLETION
In completing this form, some of the questions may be inapplicable. In such a case N/A may be stated in the appropriate place. If insufficient space has been provided for a reply at any point, please provide the information on a SEPARATE SHEET, and refer to it in the space provided for your response. Please ensure that any sheets are clearly marked with the name of your organisation and referenced to the question. If any further information or clarification is required, it will be requested during the processing of the application. This form must be submitted typed in BLOCK CAPITALS.

THE FOLLOWING DOCUMENTS NEED TO BE ATTACHED
TO THE APPLICATION

- Cheque assigned to Nevis Island Administration.
- Certificate of Good Standing from the Local Companies Registry (if Company).
- Copy of last filed Annual Return and Certificate of Solvency (if Company).
- Proof of payment of fees for renewal of Practicing Certificate (if Attorney). Copy of certificate to be submitted upon receipt from the High Court Registry.
- Copy of Audited Financial Statements.
- Certified copies of primary identification documents for the licence holder and/or each shareholder of the licensed Service Provider/ Registered Agent/ Insurance Manager (if any changes occurred since last renewal).

PARTICULARS OF THE TRUST/ CORPORATE SERVICE PROVIDER
1. Name of Trust/Corporate Service Provider: _____
2. Licence Number: _____
3. Physical Address: _____ Tel: _____ Fax: _____ Email: _____ Website: _____
4. Please tick the class of licence to be renewed: Class I ☐ Class II "Restricted" ☐ Class II "Unrestricted" ☐ Class III ☐ Class IV ☐

FINANCIAL SERVICES REGULATORY COMMISSION
- Nevis Branch -

5. Year of last annual return/ practicing certificate:_____

6. Particulars of Beneficial Owners:

Name and Address	No. of Shares/% Interest

7. List all Directors, Partners, Senior Management Staff and Employees of the Trust/Corporate Service Provider.

Name and Address	Position(s) Held e.g. Partner, Director, Manager, Administrative or equivalent position, etc.

8. Please list all persons (natural or legal) who have been authorised by the Trust/Corporate Service Provider to act as a director, shareholder, officer or secretary of a corporation that has been incorporated by the Trust/Corporate Service Provider.

Director/ Shareholder/ Officer/ Secretary of a Corporation Name and Title	Address

9. Please list all persons (natural or legal) who have been authorised by the Trust/Corporate Service Provider to act as a manager, member, officer or secretary of a company that has been formed by the Trust/Corporate Service Provider.

Manager/ Member/ Officer/ Secretary of a Company Name and Title	Address

10. Please list all persons (natural or legal) who have been authorised by the Trust/Corporate Service Provider to act as a member of the supervisory board, management board, officer or secretary of a foundation that has been established by the Trust/Corporate Service Provider.

Member of the Management or Supervisory Board/ Officer/ Secretary of a Foundation Name and Title	Address

FINANCIAL SERVICES REGULATORY COMMISSION
- Nevis Branch -

11. Please list all persons (natural or legal) who have been authorised by the Trust/Corporate Service Provider to carry on fiduciary services on behalf of a trust or beneficiary of a trust, namely: acting as a professional trustee, protector, manager or administrator of a trust that has been registered by the Trust/Corporate Service Provider.

Professional Trustee/ Protector/ Manager/ Administrator of a Trust Name and Title	Address

12. Financial Year End: _____

13. Amount of Capital as at the most recent financial year end: _____

14. Please indicate the accounting standards used: _____

15. Please attach certified copies of certificates for AML/CFT training attended or obtained by staff members of the Trust /Corporate Service Provider.

16. Please provide the name of your designated Compliance Officer:

    _____

17. Kindly provide date of approval of Compliance Officer by the Financial Services Regulator Commission.

    _____

18. Do you have any criminal or civil charges pending or judgements obtained against you since the licence was issued?

    ☐ YES ☐ NO

    If "Yes", give details _____

    _____

FINANCIAL SERVICES REGULATORY COMMISSION
- Nevis Branch -

DECLARATION

I, _____(*Name of Declarant*)

for and on behalf of _____
(*Name of Trust/ Corporate Service Provider*) do hereby declare as follows:

(a) that the information supplied to the Nevis Financial Services (Regulation and Supervision) Department (FSRC – Nevis Branch) in connection with this application is, to the best of my knowledge and belief, accurate in all material respects and does not omit any information which might reasonably be considered relevant to the application. I further declare that all supporting documents submitted for the purpose of the renewal have been verified as authentic.

(b) that the Applicant has notified the Nevis Financial Services (Regulation and Supervision) Department (FSRC – Nevis Branch) of any material change in the information supplied in the application or of any other matter which occurred during the period in which the application for renewal is being considered and that it will continue to comply with its obligations with regard to notification of changes.

The Applicant authorises the Department (FSRC – Nevis Branch) to take such enquiries, as it may consider necessary in connection with this application.

Print Name of Declarant: _____

Signature: _____

Contact Details:_____

Position: _____ Date: _____

**"Please be advised, that in accordance with Section 8 of the Perjury Act, it is an offence punishable by a maximum fine of thirty thousand dollars or at least five (5) years imprisonment for a person to knowingly make either:*

a. *a false voluntary declaration; or*
b. *a false statement when any act requires information to be provided."*

FOR OFFICIAL USE ONLY
Date Received: _____
Application Processed by: _____
Application forwarded for Approval: Yes ☐ NO ☐
Application Approved: Yes ☐ No ☐ Date: _____
Receipt #: _____