



NEVIS LIMITED LIABILITY COMPANY ORDINANCE, 2017

FORM 97(2)

APPLICATION FOR LICENCE FOR ADMINISTRATIVE OFFICE

Notes on completion

Please complete all applicable parts of this form in duplicate. If sufficient space has not been provided for a reply, please provide the information on a separate sheet and refer to that sheet in the space provided on the form for your response. Please ensure that any additional sheets used are clearly marked with the name of your organisation and referenced to the appropriate question. This form is to be accompanied by a cheque payable to the Nevis Island Administration.

1. Name of limited liability company

2. Company number:

3. Name of registered agent:

4. Address of registered agent:

5. Address of proposed administrative office:

6. Name and address of resident manager(s):
[proposed person(s) to supervise or manage administrative office]

7. Name and address of member(s):

8. Name and address of manager(s):



**9. Name and address of
beneficial owner(s):**

10. Tel:

11. Fax:

12. Email:

13. Website:

**14. Purpose of
licence:**

15. Please tick the type(s) of activities to be undertaken:

Filing

Maintenance of registers

Making and receiving telephone calls

Record keeping

Storage or maintenance of financial records

Other (please specify)

16. Supporting documents (to be attached)

Certificate of Formation

Certificate of Good Standing

For each resident manager/manager:

Certified copy of Passport data page

Original Bank Reference

Original Professional Reference

Original Criminal Reference/Police Report or Record



- Social Security Number
- Driver's Licence Number
- Curriculum Vitae of Resident Manager/Manager

Declaration

I,(Name of Declarant)
for and on behalf of.....(Name of Limited Liability Company) do hereby declare that the information provided in this form and in connection with this application is true 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 this application have been verified as authentic.

The applicant authorises the Minister of Finance to make such enquiries as he may consider necessary in connection with this application.

17. Full name of Declarant:

18. Signature of Declarant:

19. Position:

20. Date:

FOR OFFICIAL USE ONLY	
Date Received: _____	
Application processed by: _____	
Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>