



NEVIS BUSINESS CORPORATION ORDINANCE, 2017

FORM 137(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 corporation:

2. Corporation 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 director(s):

8. Name and address of shareholder(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 Incorporation

Certificate of Good Standing

For each resident manager/director:

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/Director



Declaration

I, (*Name of Declarant*)
for and on behalf of.....(*Name of Corporation*)
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 No