



**APPLICATION FOR RENEWAL OF LICENCE AS A SERVICE PROVIDER/  
REGISTERED AGENT/ INSURANCE MANAGER**

**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.

**THE FOLLOWING DOCUMENTS NEED TO BE ATTACHED TO THE APPLICATION<sup>1</sup>**

- 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 APPLICANT**

1. Name of Service Provider/ Registered Agent/ Insurance Manager:

[Empty rectangular box for name of service provider]

2. Physical Address:

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> The renewal certificate would not be issued unless all of the relevant documents accompany the renewal form.



3. Please tick the Type(s) of activities to be undertaken:

- |   |  |
|---|--|
| <input type="checkbox"/> IBC Incorporation                | <input type="checkbox"/> Foundation Registration   |
| <input type="checkbox"/> LLC Formation                    | <input type="checkbox"/> Mutual Fund Registration  |
| <input type="checkbox"/> Trust Registration               | <input type="checkbox"/> Citizenship by Investment |
| <input type="checkbox"/> International Insurance Business |  |

4. Year of last annual return/ practicing certificate: \_\_\_\_\_

5. Particulars of Shareholders (if Company):

Name and Address	No. of Shares
1.	
2.	
3.	
4.	
5.	

6. In respect of any Trust(s), please detail all who control and/ or exercise significant influence over the Trust(s).

Name	Address	Capacity



7. List all Directors, Senior Officers and Employees of the Service Provider /Registered Agent / Insurance Manager.

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

8. Financial Year End: \_\_\_\_\_
9. Amount of Capital as at the most recent financial year end: \_\_\_\_\_
10. Please indicate the accounting standards used: \_\_\_\_\_
11. Please attach certified copies of certificates for AML/CFT training attended or obtained by the licence holder of the licensed Service Provider/Registered Agent/Insurance Manager.:
12. Please provide the name of your designated Compliance Officer.

\_\_\_\_\_

13. Kindly provide date of approval of Compliance Officer by the FSRC. \_\_\_\_\_

14. Do you have any criminal or civil charges pending or judgements obtained against you since the license was issued?  YES  NO

If "Yes", give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**DECLARATION**

I,..... (Name of Declarant)

for and on behalf of .....(Name of Applicant)

do hereby declare as follows:

a. that the information supplied to the Nevis Financial Services (Regulation and Supervision) Department 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 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 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 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.”*

<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
Application Processed by:	_____
Renewal Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt #: _____