

# SAINT CHRISTOPHER AND NEVIS

# MINISTRY OF FINANCE

Financial Services Regulatory Commission

### THE COMPANIES ACT, 1996 (Revised Cap 21.03)

### ANNUAL RETURN

## How to Complete and Submit an Annual Return

- 1. Use the appropriate forms as indicated below:
  - (1) For all companies:
    - (a) Particulars of Company.
    - (b) Statement for Classes. (please use one form per class of members)
    - (c) Appendix. (if required)
  - (2) For public, private ordinary or external companies only, in addition to the above listed forms:
    - (a) Particulars of Directors. (please use one form per director)
    - (b) Particulars of Members. (please use one form per member)
- 2. If your company has more than 5 members you may substitute the form mentioned in 1(2)(b) by a printed listing in a format acceptable to us.
- 3. Call the Financial Services Regulatory Commission at +1 (869) 466-5048 if you need additional forms or if you should have any question.
- 4. When filling-in the forms -
  - (1) print or type;
  - (2) use black ink only;
  - (3) use only one character per box; and
  - (4) insert the company number on every form in the space provided for that purpose.
- 5. Once all forms have been completed, please attach them to this introductory page and ensure that the form mentioned in paragraph 1(1)(a) above is dated, sealed and signed by the person or persons authorised to sign instruments to which the seal of the company is affixed.
- 6. Deliver to the Registrar of Companies before the relevant due date -
  - (1) this introductory page with its attachments as indicated in 5 above; and
  - (2) a cheque in the amount of the appropriate filing fee made payable to the Financial Services Regulatory Commission.

For Internal Use Only										
Documents and Number of	f Pages Received:	Company Type:	PRO PRE PUO PUE	PRF PUF	Company Number:					
Particulars of Company:	Appendix.:	Date Received:			Incorporation Date:					
Statement for Classes:	Pages:	Date Received:			Due Date:					
Particulars of Members:	Pages:	Date Received:			Filing Fee:					
Particulars of Directors:	Pages:	Date Received:			Voucher No.:					
		_			<b>-</b> '					

PA	ARTICULARS OF THE COMPANY NAMED IN THIS FORM	Company Number
(Fo	or all companies registered under the Companies Act, 1996-Revised Cap 21.03)	
	Name of Company	
1		
	Address of Registered Office (Post office box number not allowed)	
2	House Name (if no house number, otherwise optional)	
3	Trouse Fame (if no nouse number, otherwise optional)	
	House Number Street Name	
4	Saint Christ	opher Nevis
	City Name Location (Please	tick appropriate box above)
	Type of Company (Please tick appropriate box below)	
5	Private Public External	
	Fiscal Status (Please tick appropriate box below)	
6	Ordinary Exempt	
7	The description of the nature of the business carried out by the company as given in the statement delivered its memorandum of association or in its annual return delivered to the Registrar of Companies for the year in respect of which this annual return is being delivered -  accurately describes the nature of the business carried out by the company; or  no longer accurately describes the nature of the business carried out by the company and a description given in the Appendix to this annual return.	nmediately preceding the year in
	HE COMPANY NAMED IN THIS FORM:  CERTIFIES THAT THE INFORMATION CONTAINED IN THIS ANNUAL RETURN IS CURRENT	ACATTHE ANNIVEDCADY
A.	CERTIFIES THAT THE INFORMATION CONTAINED IN THIS ANNUAL RETURN IS CURRENT DATE OF ITS INCORPORATION IN THE YEAR IN RESPECT OF WHICH THIS ANNUAL RETURE REGISTRAR; AND.	
В.	IF IT IS AN EXEMPT COMPANY, UNDERTAKES THAT ITS DIRECTORS WILL FORTHWITH NOTICE IN WRITING IF IT SHOULD NO LONGER QUALIFY AS AN EXEMPT COMPANY UTCOMPANIES ACT (NO. 22 OF 1996)(REVISED CAP 21.03).	
	WITNESS WHEREOF:	
	e COMMON SEAL if any, of the company named in this form was affixed preunto on  Day Month Year	in the presence of:
	Authorised Signatory. Second Authorised Signatory, if any.	
	Full Name Full Name	

CAR98K01 Particulars of Company

ST	ATEMENT FOR THE CLASS IDENTIFIED IN THIS FORM		Company Numb					
(Fo	r all companies registered under the Companies Act, 1996)							
In	the Case of a Company Limited by Shares							
	Class of Shares							
A1								
	Designation of Class of Shares							
A2								
	Total Number of Shareholders in Class							
	Shares Issued in Class Evidenced by REGISTERED SHARE CERTIFICATES							
A3								
	Total Number of Shares Issued							
	Aggregate Amount Paid Up on Shares Issued							
A4								
	Amount Currency							
	Shares Issued in Class Evidenced by BEARER CERTIFICATES							
A5								
	Total Number of Shares Issued							
	Aggregate Amount Paid Up on Shares Issued							
A6								
	Amount Currency							
	Shares Issued in Class NOT EVIDENCED by any Share Certificate							
A7								
	Total Number of Shares Issued							
	Aggregate Amount Paid Up on Shares Issued							
A8								
	Amount Currency							
In	the Case of a Company Limited by Guarantee							
	Class of Members							
В1								
	Designation of Class of Members							
В2								
	Total Number of Members in Class							
	Aggregate Amount of Guarantee for Class							
В3								
	Amount Currency							

PARTICULARS OF DIRECTOR NAMED IN THIS FORM		Company Number					
(Fo	or public companies and for private ordinary companies only)						
	Names of Director						
1							
	Present Forenames						
2							
	Present Surname						
4							
	Former Forenames (if any)						
5							
	Former Surname (if any)						
	Business or Usual Residential Address of Director (P.O. Box number is not accepted)						
6							
	House Name (if no house number, otherwise optional)						
7							
	House Number Street Name						
8							
	City Name State Postal/Zip Coo	de					
9							
	Country Name						
10							
	Telephone Number (optional) Facsimile Number (optional)						
	Other Particulars of Director						
11						_	
	Nationality						
12							
	Business occupation (if any)						
	Date of Birth Date person became a Director Date person co	eased t	to b	e a D	irecto	r ———	
13			L				
	Day Month Year Day Month Year Day Mo	onth	1	Year			

PA	ARTICULARS OF MEMBER NAMED IN THIS FORM	Comp	pany	Nun	ıber
(Fo	or public companies and for private ordinary companies only)		$\top$	П	
In	the Case of a Member who is an Individual				
	Names of Member				
A1					
	Present Forenames				
A2					
	Present Surname				
A3					
	Former Forenames (if any)				
A4					
	Former Surname (if any)				
۸.5	Business or Usual Residential Address (Post office box number not allowed)				
A5	H. N. (C. 1. 1. 4. 1. (1. 1)				
A6	House Name (if no house number, otherwise optional)				
710	House Number Street				
A7	Thouse Number Succe	$\overline{11}$			
	City State Postal/Zip Coo	de			
A8					
	Country				
A9					
	Number of Shares Issued to Member Type of Shares(common/ordi	inary, p	refer	red o	r other)
In	the Case of a Member which is a Body Corporate				
	Name of Member				
B1					
	Full Name of Body Corporate				
В2					
	Place of Incorporation (Country, state, province or county, as appropriate)				
	Address of Registered or Principal Office (Post office box number not allowed)				
В3					
	House Name (if no house number, otherwise optional)				
B4					
	House Number Street Name				
B5					
	City Name State Postal/Zip Coo	de			
B6					
	Country Name				
В7					Ш
	Number of Shares Issued to Member Type of Shares(common/ordinary	, prefe	rred c	or oth	er)

CAR98K01 Particulars of Member

PA	PARTICULARS OF SECRETARY NAMED IN THIS FORM (For all companies)		Company Nur					
(Fo								
_								
ln	the Case of a Secretary who is an Individual							
A 1	Names of Secretary							
A1	Present Forenames			—		—		
A2								
Λ2	Present Surname							
A3	1 resent Surname							
	Former Forenames (if any)							
A4	Torner Forenances (if any)							
	Former Surname (if any)							
	Business or Usual Residential Address (Post office box number not allowed)							
A5								
	House Name (if no house number, otherwise optional)							
A6								
	House Number Street			_				
A7								
	City State Postal/Zip Co	de						
A8								
	Country							
_								
ln	the Case of a Secretary which is a Body Corporate							
ъ.	Name of Secretary							
B1								
	Full Name of Body Corporate							
В2								
	Place of Incorporation (Country, state, province or county, as appropriate)							
D2	Address of Registered or Principal Office (Post office box number not allowed)							
В3	Harry Name (if we have supplied at homeing actions)							
В4	House Name (if no house number, otherwise optional)							
D4	House Number Street Name							
В5	Tiouse Number Street Name	T						
20	City Name State Postal/Zip Co	de.	<u> </u>	Щ		Ш		
В6	Since Tosan Zip Co							
	Country Name							
	<del>-</del>							

CAR98K01 Particulars of Member

APPENDIX			Company Number				
(Change in the nature of the business carried out by the company)							
If the description of the nature of the business carried out by the company as given in the statement delivered at the time memorandum of association or in its annual return delivered to the Registrar of Companies for the year immediately precord which this annual return is being delivered no longer accurately describes the business carried out by the compandescription of the nature of the business carried out by the company below.	eding	the	year in	resp	ect		

CAR98K01 Appendix