

SAINT CHRISTOPHER AND NEVIS

MINISTRY OF FINANCE
Financial Services Regulatory Commission

THE COMPANIES ACT (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 Pages Received: | Company Type: | <table border="1" style="font-size: 8px;"> <tr><td>PRO</td><td>PRE</td><td>PRF</td></tr> <tr><td>PUO</td><td>PUE</td><td>PUF</td></tr> </table> | PRO | PRE | PRF | PUO | PUE | PUF | Company Number: | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | |
| PRO | PRE | PRF | | | | | | | | | | | | | | | |
| PUO | PUE | PUF | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Particulars of Company: <input type="checkbox"/> | Appendix: <input type="checkbox"/> | Date Received: | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | Incorporation Date: | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Statement for Classes: <input type="checkbox"/> | Pages: <input type="checkbox"/> | Date Received: | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | Due Date: | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Particulars of Members: <input type="checkbox"/> | Pages: <input type="checkbox"/> | Date Received: | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | Filing Fee: | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Particulars of Directors: <input type="checkbox"/> | Pages: <input type="checkbox"/> | Date Received: | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | Voucher No.: | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

PARTICULARS OF THE COMPANY NAMED IN THIS FORM

Company Number

(For all companies registered under the Companies Act, (Cap 21.03)

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Name of Company

1 _____

Address of Registered Office (Post office box number not allowed)

2 _____

House Name (if no house number, otherwise optional)

3

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House Number Street Name

4 _____ Saint Christopher 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 International

Nature of Business Carried Out (Please tick appropriate box below)

The description of the nature of the business carried out by the company as given in the statement delivered at the time of the registration of its memorandum of association or in its annual return delivered to the Registrar of Companies for the year immediately preceding the year in respect of which this annual return is being delivered -

7 accurately describes the nature of the business carried out by the company; or

8 no longer accurately describes the nature of the business carried out by the company and a description of the nature of that business is given in the Appendix to this annual return.

THE COMPANY NAMED IN THIS FORM:

A. CERTIFIES THAT THE INFORMATION CONTAINED IN THIS ANNUAL RETURN IS CURRENT AS AT THE ANNIVERSARY DATE OF ITS INCORPORATION IN THE YEAR IN RESPECT OF WHICH THIS ANNUAL RETURN IS BEING DELIVERED TO THE REGISTRAR; AND.

IF IT IS AN INTERNATIONAL COMPANY, UNDERTAKES THAT ITS DIRECTORS WILL FORTHWITH NOTIFY THE MINISTER BY NOTICE IN WRITING IF IT SHOULD NO LONGER QUALIFY AS AN INTERNATIONAL COMPANY UNDER SECTION 72(I) OF THE COMPANIES ACT (CAP 21.03).

IN WITNESS WHEREOF:

The **COMMON SEAL** if any, of the company named in this form was affixed

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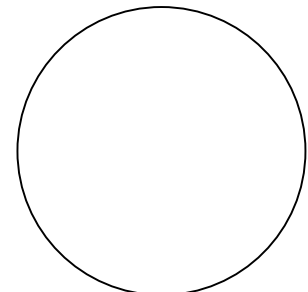
 in the presence of:
Day Month Year

Authorised Signatory.

Second Authorised Signatory, if any.

Full Name

Full Name



STATEMENT FOR THE CLASS IDENTIFIED IN THIS FORM

(For all companies registered under the Companies Act, CAP 21.03)

Company Number

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In the Case of a Company Limited by Shares

Class of Shares

A1

Designation of Class of Shares

A2

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Total Number of Shareholders in Class

Shares Issued in Class Evidenced by REGISTERED SHARE CERTIFICATES

A3

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Total Number of Shares Issued

Aggregate Amount Paid Up on Shares Issued

A4

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Amount

Currency

Shares Issued in Class NOT EVIDENCED by any Share Certificate

A5

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Total Number of Shares Issued

Aggregate Amount Paid Up on Shares Issued

A6

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Amount

Currency

In the Case of a Company Limited by Guarantee

Class of Members

B1

Designation of Class of Members

B2

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Total Number of Members in Class

Aggregate Amount of Guarantee for Class

B3

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Amount

Currency

PARTICULARS OF DIRECTOR NAMED IN THIS FORM

(For all companies registered under the Companies Act, CAP 21.03)

Company Number

Grid for Company Number

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 Code
9 Country Name
10 Telephone Number (optional) Facsimile Number (optional)

Other Particulars of Director

11 Nationality
12 Business occupation (if any)
13 Date of Birth Date person became a Director Date person ceased to be a Director

PARTICULARS OF MEMBER NAMED IN THIS FORM

Company Number

(For all companies registered under the Companies Act, CAP 21.03)

Grid for Company Number

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)

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 Code

A8 Country

A9 Number of Shares Issued to Member Type of Shares

In the Case of a Member which is a Body Corporate

Name of Member

B1 Full Name of Body Corporate

B2 Place of Incorporation (Country, state, province or county, as appropriate)

Address of Registered or Principal Office (Post office box number not allowed)

B3 House Name (if no house number, otherwise optional)

B4 House Number Street Name

B5 City Name State Postal/Zip Code

B6 Country Name

B7 Number of Shares Issued to Member Type of Shares

PARTICULARS OF SECRETARY NAMED IN THIS FORM

Company Number

(For all companies registered under the Companies Act, CAP 21.03)

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In the Case of a Secretary who is an Individual

Names of Secretary

A1 _____
Present Forenames

A2 _____
Present Surname

A3 _____
Former Forenames (if any)

A4 _____
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

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House Number Street

A7 _____

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City State Postal/Zip Code

A8 _____
Country

In the Case of a Secretary which is a Body Corporate

Name of Secretary

B1 _____

Full Name of Body Corporate

B2 _____
Place of Incorporation (Country, state, province or county, as appropriate)

Address of Registered or Principal Office (Post office box number not allowed)

B3 _____
House Name (if no house number, otherwise optional)

B4

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House Number Street Name

B5 _____

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City Name State Postal/Zip Code

B6 _____
Country Name

APPENDIX

Company Number

(Change in the nature of the business carried out by the company)

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If the description of the nature of the business carried out by the company as given in the statement delivered at the time of the registration of its memorandum of association or in its annual return delivered to the Registrar of Companies for the year immediately preceding the year in respect of which this annual return is being delivered no longer accurately describes the business carried out by the company, then please give a description of the nature of the business carried out by the company below.