

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:	PRO PUO	PRE 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:	ges: Date Received:		Voucher No.:						

PARTICULARS OF THE COMPANY NAMED IN THIS FORM			Company Number						
(F	For all companies registered under the Companies Act, (Cap 21.03)								
	Name of Company								
1									
2	Address of Registered Office (Post office box number not allowed)								
2	House Name (if no house number, otherwise optional)								
3	Trouse traine (it no nouse number, otherwise optionar)								
	House Number Street Name								
4	Saint Christopher	1	Vevis						
	City Name Location (Please tick appr	opriate	box ab	ove)					
-	Type of Company (Please tick appropriate box below)								
5	Private Public External Fiscal Status (Please tick appropriate box below)								
6	Ordinary International								
Ü	Granary								
	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 tilts memorandum of association or in its annual return delivered to the Registrar of Companies for the year immediate respect of which this annual return is being delivered -	ne of t ly pred	he registeding t	tration he ye	on of ar in				
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 n given in the Appendix to this annual return.	ature o	f that b	usine	ss is				
Tl	HE COMPANY NAMED IN THIS FORM:								
Α.	CERTIFIES THAT THE INFORMATION CONTAINED IN THIS ANNUAL RETURN IS CURRENT AS AT DATE OF ITS INCORPORATION IN THE YEAR IN RESPECT OF WHICH THIS ANNUAL RETURN IS BETHE REGISTRAR; AND.								
	IF IT IS AN INTERNATIONAL COMPANY, UNDERTAKES THAT ITS DIRECTORS WILL FORTHWITH NO BY NOTICE IN WRITING IF IT SHOULD NO LONGER QUALIFY AS AN INTERNATIONAL COMPANY U OF THE COMPANIES ACT (CAP 21.03).								
	N WITNESS WHEREOF:								
	he COMMON SEAL if any, of the company named in this form was affixed ereunto on	in t	he prese	ence o	of:				
	Day Month Year								
				\					
				`					
					/				
_	Authorised Signatory. Second Authorised Signatory, if any.								
		_		/	/				
	Full Name Full Name								

CAR98K01 Particulars of Company

ST	TATEMENT FOR THE CLASS IDENTIFIED IN THIS FORM	Compa	any Nu	mber
(Fo	or all companies registered under the Companies Act, CAP 21.03)			
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 NOT EVIDENCED by any Share Certificate			
A5				
	Total Number of Shares Issued			
	Aggregate Amount Paid Up on Shares Issued			
A6				
	Amount Currency			
	Amount			
In	the Case of a Company Limited by Guarantee			
	Class of Members			
В1				
	Designation of Class of Members			
B2				
	Total Number of Members in Class			
	Aggregate Amount of Guarantee for Class			
ВЗ				
	Amount Currency			

Names of Director Present Forenames Present Surname Former Forenames (if any) Business or Usual Residential Address of Director (P.O. Box number is not accepted) House Name (if no house number, otherwise optional)	
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Business or Usual Residential Address of Director (P.O. Box number is not accepted)	
6	
6	
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)	Determine and to be a Director
Date of Birth Date person became a Director	Date person ceased to be a Director
Day Month Year Day Month Year	

PA	ARTICULARS OF MEMBER NAMED IN THIS FORM	Con	ıpan	ıy N	umb	er
(Fo	or all companies registered under the Companies Act, CAP 21.03)					
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			\perp	\perp	╧	<u> </u>
	City State Postal/Zip Coc	le				
A8						
	Country		$\overline{}$	_	_	
A9		Ш		\perp		
т.	Number of Shares Issued to Member Type of Shares(common/ordin	nary,	pref	erre	l or c	other)
ın	the Case of a Member which is a Body Corporate					
D1	Name of Member					
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	W N CO 1 1 1 1 1 1 1 1 1					
D4	House Name (if no house number, otherwise optional)					
B4	Harris Normalism Christ Norma		—		_	
В5	House Number Street Name	П	\neg		\top	
БЭ	City Name	10	_			
В6	City Name State Postal/Zip Coo	ıc				
20	Country Name		_			
В7		\top	\neg	\neg	\top	\top
	Number of Shares Issued to Member Type of Shares(common/ordinary,	, pref	errec	d or	other	 :)

CAR98K01 Particulars of Member

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B6	ВЭ	C'. N		D 4 1/7: C	Ш				<u> </u>
	D4	City Name	State	Postal/Zip Cod	ıe				
	00	Country Name							

CAR98K01 Particulars of Member

APPENDIX		npai	nber		
(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 precoff which this annual return is being delivered no longer accurately describes the business carried out by the company description of the nature of the business carried out by the company below.	eding	the the	year ir	resp	ect

CAR98K01 Appendix