**F196–2012–03A**

**NOTIFICATION OF CHANGES TO THE PUBLIC REGISTER OF LISENCED**

**ADMINISTRATIVE SERVICES PROVIDERS**

**Name of ASP: «     »**

**Purpose of this form**

The present form must be completed if you are a licenced Administrative Service Providers (ASP) and proceeded to changes in the persons employed to the ASP and to the 100% subsidiaries in accordance with sections **3(2), 3(5)** and **25 of the Law Regulating Companies Providing Administrative Services and other Related Matters of 2012 – L 196(I)/2012 (the ‘Law’)**

**General instructions:**

1. The Form must be completed in electronic form. An electronic version of it can be downloaded from the website of the Cyprus Securities and Exchange Commission (“the Commission”) at the address [www.cysec.gov.cy](http://www.cysec.gov.cy).
2. The Form must be submitted via the CySEC portal only.
3. The Form should include **only the changes** to the existing information, i.e. new additions and/or removals

|  |  |
| --- | --- |
| Date: |  |
|  |
| **FROM:** |
|  |
| Name of the of ASP:  | «» |
|  |  |
|  |  |
|  |
| **Contact details of the company (*if changed*)** |
|  |  |
| Address: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |
| Telephone: |  |
|  |  |
| Fax No. |  |
|  |  |
| Email: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Website: |  |
|  |  |

|  |
| --- |
| **Compliance Officer of ASP (*if changed*):** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name: |  |
|  |  |
| Address[[1]](#footnote-1): |  |
|  |  |
| Telephone[[2]](#footnote-2): |  |
|  |  |
| Fax (if available): |  |
|  |  |
| Email: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| **Declaration of 100% Subsidiaries**[[3]](#footnote-3)**[In accordance with section 3(5) of the Law**] |  |
| --- | --- |
|  |  |  |  |  |  |
| No. | **Name of legal person exclusively owned by the ASP/ Applicant Company** | **Additional (“A”)/ Resignation (“R”)**(please tick) | **State of domicile** | **Names of Directors** | **Names of Shareholders**(**only in case where there is a nominee shareholders holding the shares for the ASP/ Applicant Company)** |
|  |  | [ ]  | A | [ ]  | R |  |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |  |

| **Notification of Natural Persons employed in the ASP**[[4]](#footnote-4) [In accordance with sections 3(2) and 25 of the Law] |
| --- |
|  |  |  |  |  |
| No. | **Name of employee** | **Additional (“A”)/ Resignation (“R”)**(please tick) | **ID No. / Passport No.** **(if an employee does not hold an ID of the Cyprus Republic)**[[5]](#footnote-5) | **Work Address** |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |
|  |  | [ ]  | A | [ ]  | R |  |  |

***Declaration:***

***I responsibly declare, having full knowledge of the consequences of the Law, that to the best of my knowledge, the information included in this document is correct, complete and accurate.***

***………………………………………………***

***Full name and capacity***

1. Please complete the home address. The home address will NOT be posted on CySEC’s website. [↑](#footnote-ref-1)
2. This information will NOT be posted on CySEC’s website [↑](#footnote-ref-2)
3. + 4 Must be completed only if any changes (addition or removal) [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. This information will NOT be posted on CySEC’s website [↑](#footnote-ref-5)