

Virgin Islands General Licence (No. 07), 2024**Reporting Form****Section 1 – Basic Information****a) Details of Registered Agent/Corporate Services Provider**

Name (inc title)	
Job title	
Name of Registered Agent/Corporate Services Provider	
Address	
Contact number	
Email address	
Date submitted	

b) Name of BVIBC owned/controlled by a designated person**c) Designated Person(s) (DP) represented and group ID number from the consolidated list****Section 2 – Fees and Expenses****a) Service Provided: *[Please set out service provided as permitted under the General Licence No.7]*****b) Fees:****Breakdown of Fees**

Name	Role	Fee Rate

Total Fees Incurred:**Total Expenses Incurred:**

Date range: **to**

Total Hours:

c) Engagement Letter. *[Please provide engagement letter]*

d) Ownership Structure of the BVIBC *[Please set out ownership structure]*

e) Payment Route *[Please set out the payment route including account numbers and the banks ,including correspondent, intermediary and confirming banks, if applicable]*

Section 3 – Confirmation

a) Please confirm the information provided in this form is accurate

Name:

Date:

Signature:

In compliance with reporting obligations set out in this general licence, once complete this report needs to be sent to the Governor's Office at GOVOfficeSanctions.Tortola@fcdо.gov.uk