

APPLICATION FOR PRINCIPAL REPRESENTATIVE

THIS APPLICATION IS FOR PRIVATE CLIENTS ONLY AND CONTAINS PRIVILEGE INFORMATION WHICH IS NOT FOR DISTRIBUTION



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APPLICATION FOR THE APPOINTMENT  
OF A PRINCIPAL REPRESENTATIVE IN  
ANTIGUA AND BARBUDA TO ACT FOR  
THE OWNERS OF A SHIP

## SECTION 1. INSTRUCTIONS FOR COMPLETING THIS FORM

Section 11 of the Antigua and Barbuda Merchant Shipping Act, 2006, as amended, provides that a ship shall upon application be registered as an Antigua and Barbudan ship by its owners once the ship is one which the Safety of Life at Sea (SOLAS) Convention applies and the owner of the ship has appointed a principal representative in Antigua and Barbuda. Nautical Management Services Limited ("NMSL") as a licensed corporate management and trust services provider pursuant to the Corporate Management and Trust Services Providers Act, offers the services of being a principal representative to owners of ships. It is, therefore, obligatory for NMSL to ask certain questions prior to the appointment of a principal representative to safeguard both its own and its clients' interests. This information is required for NMSL purposes only and will be held in the strictest confidence. Further, under the laws of Antigua and Barbuda, subject to certain exceptions, it is a criminal offence for any person to release confidential business information without clients' consent. Therefore, the information provided in this application and its supporting documents are also subject to attorney/service provider/client privilege.

To expedite your request for the registration of a principal representative in Antigua and Barbuda to act on behalf of the owners of a ship for all matters to secure compliance pursuant to the Antigua and Barbuda Merchant Shipping Act, 2006 as revised, complete this form in **BLOCK LETTERS** and send by email or fax to the NMSL consultant assigned to you. This form must be submitted with all the requisite supporting documentation indicated in specific areas of the form. Any information provided on additional sheets must be signed and dated. Where there is a question which is not applicable, please write "N/A" beside the question. **\*Denotes that this information must be provided to NMSL.** All dates must be completed in the form: Day/Month/Year. **The signed original of this form together with the supporting documentation must be sent by mail or courier to the address provided above.** Should any assistance be required for completing this form contact the consultant assigned to you.

Date of Application:

## SECTION 2. TYPE OF OWNERSHIP

### 2.1. TYPE OF OWNERSHIP\*

The requirements to appoint Nautical Management Services Limited as your principal representative. Indicate by selecting one of the below type of ownership.

<input type="checkbox"/> Individual	For individual, the name must be written as shown on Government issued Identification.
<input type="checkbox"/> Company/Corporate Entity/Foreign Maritime Entity	For partnership/Incorporation the proposed name must be identical to name on Certificate of Registration or Incorporation of the original company.

### 2.2. Name of Individual/Company or Corporate Entity

Name:

### 2.3. PURPOSE OF REGISTRATION\*

In the space below, provide NMSL with information on the purpose of the registration as to the activities or goods to be traded.

### 2.4. Information on Vessel

Name of Ship:	Type of Ship and IMO Number:
Name of Owner when registered under A&B:	Address of Owner(s):

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**2.5. CORPORATE DOCUMENTS\* [FOR COMPANY/CORPORATE ENTITY/FOREIGN MARITIME ENTITY ONLY]**

For the **Registration of Partnership & Incorporation** the following corporate documents must be submitted to NMSL (if documents are not in English a certified translation in English is required). Indicate all the attachments submitted.

<input type="checkbox"/> Certificate of Incorporation Attached	<input type="checkbox"/> Articles of Incorporation Attached	<input type="checkbox"/> Memorandum of Association (if applicable) Attached
<input type="checkbox"/> By-Laws Attached	<input type="checkbox"/> Certificate of Good-Standing Attached	<input type="checkbox"/> Current Amendments Attached
<input type="checkbox"/> Certificate of Incumbency	<input type="checkbox"/> Other	

**2.6. OPERATING ADDRESS\* [FOR COMPANY/CORPORATE ENTITY/FOREIGN MARITIME ENTITY]**

State the address where the company will be operating. The address must include **Street, City, State Postal Code** and **Country**.

**Operating Address:** \_\_\_\_\_

**2.7. REGISTERED ADDRESS\* [FOR COMPANY/CORPORATE ENTITY/FOREIGN MARITIME ENTITY ONLY]**

For the Partnership & Incorporation **ONLY** provide the Registered Address of the Company/Corporate Entity. The address must include **Street, City, State Postal Code** and **Country**.

**Registered Address:** \_\_\_\_\_

**SECTION 3. SHAREHOLDERS', DIRECTORS' AND OFFICERS' INFORMATION**

**3.1. SOURCE OF CAPITAL\***

Information is required on the source of funding for the company, corporate entity or foreign maritime entity which must be provided below. In addition, provide NMSL with either a certified statement of net worth or some other proof of net worth and source of wealth. *[This information must include a brief description as to the origins of wealth and the period over which the wealth was generated. Documentation must be attached to support the details provided. For example, if utilizing loans or personal funding a loan agreement must be attached or such other documents].*

The source of capital was derived from \_\_\_\_\_

Source of Funds Attached

**3.2. SHAREHOLDERS CONNECTED TO THE COMPANY/CORPORATE ENTITY/FOREIGN MARITIME ENTITY\***

Provide NMSL with the names of the beneficial owner(s) of the company or corporate entity and the number of shares issued to each person. **Complete "Form A" for each individual who is connected to the company as a shareholder. Complete "Form B" for each legal entity which is connected to the company as a shareholder. A certified copy of the company's share register or other legal proof of beneficial ownership detailing the names of the shareholders and the amount of shares allocated to each shareholder must be submitted.**

<b>Shareholder 1:</b>		No. of Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
<b>Shareholder 2:</b>		No. of Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
<b>Shareholder 3:</b>		No. of Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
<b>Shareholder 4:</b>		No. Shares:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

Share Register or Other Legal Proof of Beneficial Ownership Attached

**3.3. DIRECTORS CONNECTED TO THE COMPANY/CORPORATE ENTITY/FOREIGN MARITIME ENTITY\***

Provide NMSL with the names of the directors are connected to the company or corporate entity. **Complete "Form A" for each individual who is connected to the company as a director or complete "Form B" for each legal entity which will be connected to the company/corporate entity as a director.**

Director 1:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Director 2:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Director 3:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Director 4:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

**3.4. OFFICERS CONNECTED TO THE COMPANY/CORPORATE ENTITY/FOREIGN MARITIME ENTITY**

Provide NMSL with the names of the officers connected to the company (If applicable). **If the company have officers (President, Secretary, Managing Director, etc.) please indicate below. NMSL will provide Secretarial services if a company secretary is not identified below.**

Officer 1:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Officer 2:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Officer 3:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached
Officer 4:		Title:		<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

**SECTION 4. MANAGING AGENT (IF APPLICABLE)**

**4.1. APPOINTMENT OF A MANAGING AGENT**

NMSL will only accept instructions signed by the beneficial owner(s) and/or directors of the company or corporate entity unless a **Managing Agent** is appointed to provide instructions. Indicate if a managing agent will be appointed.

Managing Agent Appointed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**4.2. MANAGING AGENT INFORMATION**

Provide NMSL with the name of your managing agent. **Complete "Form A" if the Managing Agent is an individual. Complete "Form B" if the Managing Agent is a company.**

Managing Agent's Name:	
<input type="checkbox"/> Form A Attached	<input type="checkbox"/> Form B Attached

**SECTION 5. MAILING ADDRESS FOR CORRESPONDENCES AND INVOICES**

**5.1. MAILING AND EMAIL ADDRESSES\***

Indicate the mailing and email addresses and fax numbers for correspondences and invoices. The mailing address must include **Street, City, State Postal Code and Country**. Indicate the contact person below.

Mailing Address:	
Email Address:	
Fax Number:	
Contact Name:	

**5.2. FORWARDING OF ORIGINAL DOCUMENTS\***

Indicate the method by which all original documents will be forwarded.

Airmail

Courier

**SECTION 6. DECLARATION**

**6.1. TO BE SIGNED BY THE PERSON REQUESTING THE SERVICE\***

The below declaration must be signed by the beneficial owners or someone appointed by the beneficial owners. A completed **“Form A” must be submitted to NMSL if this is an individual or a “Form B” if this is a company/corporate entity.** In addition, the **Professional Indemnity Form** is be completed by the Beneficial Owners.

**6.2. DECLARATION\***

I declare that my signature below confirms that I am authorized to sign this document and the one requesting NMSL to be appointed a principal representative. I have read and agree to be bound by NMSL terms of business. I declare that all the information provided with and within this form and any other document provided in support of said form is true and correct to the best of my knowledge and belief. I declare that the person named in **Section 4** above is hereby appointed as my Managing Agent to act on my behalf in the appointment of NMSL as the principal representative of the ship.

Authorized Name:

Signature:

Date:

Form A Attached

Form B Attached

NMSL Professional Indemnity Agreement Attached

**SECTION 7. ADDITIONAL CORPORATE SERVICES**

**7.1. OTHER CORPORATE SERVICES**

Indicate below any additional services required and the consultant assigned to you will provide further information.

1. <b>Secretarial Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. <b>Ship and Yacht Registration</b> Consultative Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. <b>Notary Public Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. <b>Apostille Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. <b>Other Services</b>		