



Form Three – Relevant Entity, Relevant Activity - (Banking Business, Insurance Business, Fund Management Business, Finance and Leasing Business, Shipping Business, Distribution and Service Centre Business. Headquarters Business)

Economic Substance Notification and Reporting under BVI Economic Substance (Companies and Limited Partnerships) Act, 2018 (as amended).

Instructions: Complete this form if the entity is a Relevant Entity that is engaged in one or more of the following Relevant Activity(s): Banking Business, Insurance Business, Fund Management Business, Finance and Leasing Business, Shipping Business, Headquarters Business, Distribution and Service Centre Business. Refer to the [BVI Economic Substance Webpage](#) for more information.

Complete this form using Adobe Acrobat. The form does not need to be signed. Send the completed form to regulationbvi@campbellslegal.com

If any of the information set out below changes, you should notify Campbells within 21 days of the change by email to regulationbvi@campbellslegal.com

| | |
|--|---|
| Name of the Entity (the "Entity"): | |
| Entity Incorporation Number: (You will find this number in the email from Campbells) | |
| Entity ES Financial Period Start Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) | |
| Entity ES Financial Period End Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) | |
| Entity financial year end (dd/mm) | |
| Change ES Financial Period for subsequent ES Financial Periods to coincide with the Entity's financial year end? If Yes, complete the attached Application to Change ES Financial Period. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Entity Reference Number: (You will find this number in the email from Campbells) | |
| Relevant Activity: (If more than one Relevant Activity is applicable, complete a separate Form Three for each Relevant Activity) | Banking Business <input type="checkbox"/> Insurance Business <input type="checkbox"/> Fund Management Business <input type="checkbox"/> Finance and Leasing Business <input type="checkbox"/> Headquarters Business <input type="checkbox"/> Shipping Business <input type="checkbox"/> Distribution and Service Centre Business <input type="checkbox"/> |
| Was the Relevant Activity carried on for only part of the ES Financial Period? If Yes, insert the Relevant Activity start date and Relevant Activity end date in the fields below. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Relevant Activity Start Date (dd/mm/yyyy) | |
| Relevant Activity End Date (dd/mm/yyyy) | |
| Is the Relevant Activity directed and managed in the British Virgin Islands: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please go to Schedule I, Part A and provide details of the persons responsible for direction and management of the Relevant Activity: | |

| | | | | | |
|--|-----------|----------|-----------|------------------------------|-----------------------------|
| Number of board meetings the Entity held during the financial period with relations to this activity: (response is optional) | | | | | |
| Of those board meetings, how many were held in the British Virgin Islands where a quorum of directors was physically present. (response is optional) | | | | | |
| If meetings are held in BVI, go to Schedule I, Part B and provide a list of persons responsible for direction and management that attend each of the meetings. (response is optional) | | | | | |
| Are the minutes of these board meetings being held in the British Virgin Islands? (response is optional) | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reporting currency (Use Currency Code found here): | | | | | |
| Total turnover for the Relevant Activity during the ES Financial Period: | | | | Amount: | |
| Total expenditure incurred in the operations of the Relevant Activity during the ES Financial Period (including outsourcing, if applicable). | | | | Amount: | |
| Total expenditure incurred in the British Virgin Islands operations of the Relevant Activity during the ES Financial Period (including outsourcing, if applicable). | | | | Amount: | |
| Total number of employees engaged in the Relevant Activity: | | | | | |
| Total number of employees engaged in the Relevant Activity physically present in the British Virgin Islands: | | | | | |
| Go to Schedule I, Part C and provide details on qualifications of the BVI employees. (response is optional) | | | | | |
| Go to Schedule I, Part D and provide addresses of all premises within the British Virgin Islands used in connection with the Relevant Activity. | | | | | |
| Go to Schedule I, Part E and select Core Income Generating Activities conducted/carried out in the British Virgin Islands for the Relevant Activity. Complete only the questions under the heading matching the Relevant Activity selected above. Complete Schedule I, Part F if Other activity is applicable. | | | | | |
| Outsourcing. Has any core income generating activity (CIGA) been outsourced to another entity? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, go to Schedule I Part G and provide details of outsourcing providers. | | | | | |
| Total expenditure incurred on outsourcing in the British Virgin Islands during the ES Financial Period: | | | | Amount: | |
| Attachments. Go to Schedule I, H and describe any documents attached to support your Economic Substance Declaration. | | | | | |
| Please provide any comments to support your Economic Substance Declaration: | | | | | |
| This Form Three was completed by: | | | | | |
| Print Name: | | | | | |
| Date: | | | | | |
| Please update your Campbells contact details: | | | | | |
| Billing Contact(s) at the Entity: | | | | | |
| First Name | Last Name | Position | Telephone | Contact email | |
| | | | | | |
| | | | | | |
| Legal/Regulatory Contact(s) at the Entity: | | | | | |
| First Name | Last Name | Position | Telephone | Contact email | |
| | | | | | |
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Form Three – Relevant Entity, Relevant Activity - (Banking Business, Insurance Business, Fund Management Business, Finance and Leasing Business, Shipping Business, Distribution and Service Centre Business. Headquarters Business)

| | |
|---|--|
| Name of the Entity (the “Entity”): | |
| Entity Reference Number: | |

Schedule I

Part A

Persons responsible for direction and management of the Relevant Activity in BVI

| Please provide details of the persons responsible for direction and management of the Relevant Activity | | |
|--|------------------------|-------------------------------|
| Name of person responsible for direction and management of Relevant Activity | Resident in BVI | Relation to the Entity |
| | | |
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| | | |

Part B

| Please provide a list of persons responsible for direction and management that attend each of the meetings (complete the information below) (response is optional) | | | | |
|---|---|-----------------------|---------------------------|----------------------|
| Meeting # | Name of Person attending Meeting | Present in BVI | Relation to entity | Qualification |
| | | | | |
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Part C

| Please provide details on qualifications of the BVI employees (response is optional) | | |
|---|----------------------|-------------------------------------|
| Name of BVI Employee | Qualification | Years of Relevant Experience |
| | | |
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| | | |

Part D

| Please provide addresses of all premises within the British Virgin Islands used in connection with the Relevant Activity: | | |
|---|-----------------------------|---------|
| BVI Premises Address Line 1 | BVI Premises Address Line 2 | Country |
| | | VGB |
| | | VGB |
| | | VGB |
| | | VGB |
| | | VGB |

Part E

| Please select Core Income Generating Activities conducted/carried out in the British Virgin Islands for the Relevant Activity. Complete only the questions under the heading matching the Relevant Activity selected above. | |
|---|-------------------------------|
| Banking | |
| Raising funds, and managing risks, including credit risk, currency risk and interest risk. | Yes <input type="checkbox"/> |
| Taking hedging positions. | Yes <input type="checkbox"/> |
| Providing loans, credit or other financial services to customers. | Yes <input type="checkbox"/> |
| Managing regulatory capital. | Yes <input type="checkbox"/> |
| Preparing regulatory reports and returns. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |
| Insurance | |
| Predicting and calculating risk. | Yes <input type="checkbox"/> |
| Insuring or re-insuring against risk. | Yes <input type="checkbox"/> |
| Providing insurance business services to clients. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |
| Fund Management Business | |
| Taking decisions on the holding and selling of investments. | Yes <input type="checkbox"/> |
| Calculating risks and reserves. | Yes <input type="checkbox"/> |
| Taking decisions on currency or interest fluctuations and hedging positions. | Yes <input type="checkbox"/> |
| Preparing relevant regulatory or other reports for government authorities and investors. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |

| | |
|---|-------------------------------|
| Finance and Leasing Business | |
| Agreeing funding terms. | Yes <input type="checkbox"/> |
| Identifying and acquiring assets to be leased (in the case of leasing). | Yes <input type="checkbox"/> |
| Setting the terms and duration of any financing or leasing. | Yes <input type="checkbox"/> |
| Monitoring and revising any agreements. | Yes <input type="checkbox"/> |
| Managing any risks. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |
| Headquarters Business | |
| Taking relevant management decisions. | Yes <input type="checkbox"/> |
| Incurring expenditures on behalf of affiliates. | Yes <input type="checkbox"/> |
| Co-ordinating group activities. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |
| Shipping | |
| Managing crew (including hiring, paying and overseeing crew members). | Yes <input type="checkbox"/> |
| Hauling and maintaining ships. | Yes <input type="checkbox"/> |
| Overseeing and tracking deliveries. | Yes <input type="checkbox"/> |
| Determining what goods to order and when to deliver them. | Yes <input type="checkbox"/> |
| Organising and overseeing voyages. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |
| Distribution and Service Centre Business | |
| Transporting and storing goods. | Yes <input type="checkbox"/> |
| Managing stocks | Yes <input type="checkbox"/> |
| Taking orders | Yes <input type="checkbox"/> |
| Providing consulting or other administrative services. | Yes <input type="checkbox"/> |
| Other activities. Please provide details of other activities on Schedule I, Part F. | Yes <input type="checkbox"/> |
| None | None <input type="checkbox"/> |

Part F

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|---|
| Please provide details of other CIGA activities. |
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Part G

| Please provide details of outsourcing providers. | | | | |
|--|--|--|---|--|
| Name of entity to whom outsourced | Details of resources deployed by the entity in carrying out the activity on their behalf | Number of staff employed in carrying out CIGA for the entity | Hours per month each person employed for this relevant activity | Is the entity able to monitor and control carrying out of the outsourced activity? (Y/N) |
| | | | | |
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Part H

| Please describe any supporting documents to support your Economic Substance Declaration and attach copies. | |
|--|-------------------|
| Document Description | Document Attached |
| | [] |
| | [] |
| | [] |
| | [] |

Economic Substance Notification and Reporting under BVI Economic Substance (Companies and Limited Partnerships) Act, 2018 (as amended).

Instructions: Complete this Application if the Entity wishes to change its ES Financial Period. Refer to the [Application to Change ES Financial Period Instructions](#) for more information.

Complete this form using Adobe Acrobat. The form does not need to be signed. Send the completed form to regulationbvi@campbellslegal.com

| | |
|---|---|
| Name of the Entity (the "Entity"): | |
| Entity Reference Number: (You will find this number in the email from Campbells) | |
| Entity Incorporation Number: (You will find this number in the email from Campbells) | |
| Date of Entity Formation: (You will find this date in the email from Campbells) | |
| Entity's financial year end: (dd/mm) | |
| Change ES Financial Period for subsequent ES Financial Periods to coincide with the Entity's financial year end? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] |
| First ES Financial Period Start Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) | |
| First ES Financial Period End Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) | |
| Transition ES Financial Period Start Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) | |
| Transition ES Financial Period End Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) | |
| New ES Financial Period Start Date: (You will find this date in the email from Campbells) | |
| New ES Financial Period End Date: (You will find this date in the email from Campbells) | |
| Reason(s) for the proposed change to the ES Financial Period (e.g. to coincide with the Entity's financial year end.) | |
| This Application to Change ES Financial Period was completed by: | |
| Print Name: | |
| Date: | |