## FORM TCA20 TRUSTEE COMPANIES ACT 2017 ("TCA")

## TO BE PROVIDED TO SIFA

## Dated:

ANNUAL REPORT 20\_\_\_\_ (section 32(3)(a) of TCA)

- 1. Name of Trust and Company Service Provider:
- 2. Type of Licence:
- 3. Address of Registered Office:
- 4. Name and address of Auditor and date of expiry of appointment:
- 5. The Directors, Secretaries, Compliance Officer and Senior Officers of the TCSP are:

	Full Name	Office Held	Address	
6.	The resident employee(s) of the TCS Full Name	SP are: <i>Office Held</i>	Address	
7.	The shareholders of the TCSP are:			
	Full Name	Address	Number and Class of shares held	
8.	The Beneficial Owner(s) of the TCSP are:			
	Full Name	Address		
9.	For TCSP and Trust Licence holders The number of trusts that the license			

- 10. The TCSP has kept proper books of account and records as required by section 32 of the *Trustee Companies Act 2017*.

of \_\_\_\_\_\_. Registered company auditor(s), and certified true copies of the said audited accounts and balance sheet are attached together with a copy of the auditors written report thereon dated \_\_\_\_\_\_ to the shareholders of the TCSP.

The TCSP has properly complied with its duties and obligations under the provisions of the *Companies Act 2001* and under the *Trustee Companies Act 2017*.

The information contained in this Annual Report is to the best of my/our knowledge, information and belief, true and correct at the date of signing.

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12. Any requisition or requirements for further information may be directed to:

Dated this	day of	20
SIGNED by:		

Print full name: