ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

SPECIAL ECONOMIC ZONES ACT
R.S.A. c. S53

Showing the Law as at 31 December 2022

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

Regulation	Citation	Page
SPECIAL ECONOMIC ZONES REGULATIONS *Revises and Consolidates—* *R.A. 25/2020, in force 5 May 2020* *R.A. 106/2022, in force 4 November 2022*	R.R.A. S53-1 *(31/12/2022)*	3
SPECIAL ECONOMIC ZONES (VIRTUAL CITY) REGULATIONS *Revises R.A. 77/2021, in force 9 July 2021*	R.R.A. S53-2 *(31/12/2022)*	17

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Revised Regulations of Anguilla: S53-1

SPECIAL ECONOMIC ZONES ACT (R.S.A. c. S53)

SPECIAL ECONOMIC ZONES REGULATIONS

Note: These Regulations are enabled under section 36 of the Special Economic Zones Act, R.S.A. c. S53.

Application for SEZ Trade Certificate

1. (1) An application under section 15 of the Act for a SEZ Trade Certificate to carry on a special economic zone business shall be in the Form set out in Schedule 1.

(2) Where an application referred to in subsection (1) is granted, a SEZ Trade Certificate shall be issued in the form set out in Schedule 2.

Person Intending to Act as Director of Special Economic Zone Company

2. Every person intending to act as a director of a special economic zone company shall complete a questionnaire in the Form set out in Schedule 3.

Application for SEZ employment certificate

3. An application under section 11 of the Act for a SEZ employment certificate to work in a special economic zone shall be in the Form set out in Schedule 4.

Citation

4. These Regulations may be cited as the Special Economic Zones Regulations, Revised Regulations of Anguilla, S53-1.

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SCHEDULE 1

(Section 1(1))

APPLICATION FOR A SPECIAL ECONOMIC ZONE TRADE CERTIFICATE

IMPORTANT NOTICE: THIS FORM MUST BE COMPLETED BY A COMPANY SEEKING TO CARRY ON A SEZ BUSINESS IN A SPECIAL ECONOMIC ZONE. PLEASE ANSWER ALL QUESTIONS. IF NOT APPLICABLE, PLEASE INSERT '*N/A*'. USE ADDITIONAL SHEETS IF NECESSARY. THE COMPLETED FORM SHALL BE SUBMITTED TO THE SEZ AUTHORITY.

Part 1: General Information

Applicant(s) Details

(a) Name of (SEZ) Company:

……..……

(b) Mailing Address:

……

(c) Telephone (Main): …… (d) Fax number: …..…….……

(e) Primary Contact:

……

(f) Email (Primary): ……..…….

(g) Directors ……..……..

(h) For identification purposes, please provide copies of valid passports for all Directors.

(i) I/We hereby apply for the grant of a SEZ trade certificate under the Special Economic Zones Act, 2020

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Part 2: Business Details

(a) Name of Special Economic Zone, and Description of activities to be undertaken by the Business Nature and Type of Business being conducted:

……

……

……

……

……

……

(b) ISIC Code(s): ……

*

(c) Expected Number of Employees: ……..… (full-time) …….. (part-time)

(d) Exact Location of Business:

(i) Block & Parcel ……..……..……..……...

(ii) Building Name ……..…….

(iii) Street Name ……

(iv) Village ……

(e) Required Documents in relation to SEZ Company:

☐ Articles of Incorporation and By-laws ☐ Certificate of Incorporation (Anguilla)

☐ Register of Directors ☐ Register of Shareholders ☐ Certificate of Registration as SEZ Company

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(f) **Declaration**

* In making this application I hereby declare the information contained in this application to be correct to the best of my knowledge and belief and that I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

Name (in block capitals)

Title (in block capitals)

Authorized Signature of Company Official Date

SPECIAL ECONOMIC ZONE REQUIREMENTS

** Client must have an existing special economic zone company prior to submitting an application to the Special Economic Zone Authority*

FOR OFFICIAL USE ONLY

Due Date:____/_____/_____ APPROVED: ____

Checklist

- Applicant Details
- Copies of Passports for all Directors
- Nature of Business
- ISIC Code(s)
- Required Docs

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SCHEDULE 2

(Section 1(2))



Government of Anguilla

Special Economic Zone

(Name of Special Economic Zone)

ISIC Code: [*International Standard Industrial Classification*]

Special Economic Zone Trade Certificate is hereby issued to:

[Name of Special Economic Zone company]

Trading as **[name of special economic zone company]**, with a registered office at [*geographical designation of SEZ]* to carry on Special Economic Zone business specific to [*category of business captured by ISIC the code*]

Given under my hand this **[effective date]** for the period ending **[expiration date]**.

[signature of comptroller]

COMPTROLLER OF INLAND REVENUE

Issued on: **[date issued]**

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SCHEDULE 3

(Section 2)

PERSONAL QUESTIONNAIRE OF PERSONS INTENDING TO ACT AS DIRECTORS OF SEZ COMPANIES

IMPORTANT NOTICE: THIS FORM MUST BE COMPLETED BY EACH DIRECTOR OF A SEZ COMPANY. ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, PLEASE INSERT '*N/A*'. USE ADDITIONAL SHEETS IF NECESSARY. THE SEZ COMPANY SHALL SUBMIT COMPLETED FORM(S) TO THE SEZ AUTHORITY.

Part 1: PERSONAL DETAILS OF DIRECTOR

1. Name of Special Economic Zone Company (SEZCO) for which the Director has been appointed:

……

2. Surname or family name as shown in passport……

3. Given names as shown in passport……..

☐ MR ☐ MRS ☐ MS ☐ MISS ☐ DR

Gender: ☐ MALE ☐ FEMALE

4. Have you ever been subject to a change of name? ☐ YES ☐ NO If 'yes' provide details below (including former names and reason for change):

……..……..

……

……

5. Date of Birth_____/____/____ City and Country of Birth ……..……
dd mm yyyy

6. All citizenships:

Currently held ……

Previously held ……..……

7. Passport Number*……

Issue Date _____/_____/_____ Expiry Date _____/_____/_____
dd mm yyyy dd mm yyyy

8. Marital Status: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED

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9. Occupation**……..……

10. Current permanent home address: ……..……..

P.O. Box: …… Telephone: …… Fax: …….

Email: ……..……

11. Previous home addresses (over last 10 years):

(i) ……...…….

Telephone…… Fax…… Years lived at address…….

(ii) ……..……..

Telephone…… Fax…… Years lived at address……..……

(iii) ……..

Telephone…… Fax…… Years lived at address……..…

(iv) ……..

Telephone…… Fax…… Years lived at address……..……

(v) ……..…..

Telephone…… Fax…… Years lived at address…….

12. Current local address (if applicable): ……..……..

P.O. Box: …… Telephone: ……..……

13. Current office or work address: ……..……

Telephone Number: …… Mobile: …… Fax: ……..……..……

Email: …….

14. What is your preferred means of communication re this form? EMAIL ☐ LETTER ☐

*Please attach a notarised colour copy of your passport (unexpired)

**Please attach a copy of your curriculum vitae

15. Have you ever been convicted of a criminal offence for which, you received a prison sentence of 12 months or more? ☐ YES ☐ NO

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16. Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof?

☐ YES ☐ NO

17. If 'YES' provide details below:

……

18. Have you been adjudicated bankrupt by a court in any jurisdiction? ☐ YES ☐ NO

19. If 'YES' provide details below:

……

Part 2. SIGNATURE AND ACKNOWLEDGEMENT

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director of a special economic zone company authorized under the Special Economic Zone Act, 2020 I will (via the special economic zone company named at section 1 above) notify the Special Economic Zone Authority (SEZA) of any material changes affecting the completeness of the answers provided within a period of twenty-one days.

I also hereby AUTHORISE the Special Economic Zone Authority to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Personal Questionnaire, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks. I understand that the results of these checks may be disclosed to the special economic zone company that submitted this application.

Date: …… Signed: ……

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SCHEDULE 4

(Section 3)

APPLICATION FOR GRANT OF A SEZ EMPLOYMENT CERTIFICATE

IMPORTANT NOTICE: ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE, PLEASE INSERT 'Not Applicable' or '*N/A*'. SUBMIT FORM TO: THE SECRETARY, SPECIAL ECONOMIC ZONE AUTHORITY, MINISTRY OF FINANCE, P. O. BOX 60, THE VALLEY, ANGUILLA

NOTES: (i) The Applicant must have a valid passport. (ii) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (iii) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet(s) of paper, where necessary, to thoroughly answer each question.

PART 1 - To Be Completed By the Prospective Employee

_____ _____ _____

1. Surname (Last Name) Maiden Name Given Names (First Names)

2. Nationality _____ Date of Birth _____ Gender: Male □ Female □

3. Passport number _____ Date of Issue _____ Date of Expiry _____

4. Any other Names known by: _____

5. Address: _____

   Village: _____ P.O. Box: _____ Telephone: _____

   Personal Email Address: _____

6. Have you ever been married, divorced or separated? (certified copy of relevant legal document should be attached, where applicable) Yes □ No □

   □ Married Date _____ □ Divorced Date _____ □ Separated Date _____

   Name and nationality of spouse: _____

7. Expiry date of present SEZ employment certificate or work permit _____ (if any)

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8. (i) What date did you first arrive in Anguilla? Date: _____

(ii) What date did your first employment in Anguilla begin? Date: _____

(iii) Was this employment authorised by: (a) □ A SEZ employment certificate

(b) □ A work permit

(c) □ A Government Contract

(d) □ Other form of authorisation (For Example, were you exempted from work permit requirements under any applicable immigration legislation)? Please explain.

(iv) Since your first arrival in Anguilla have you been named as a dependent on another person's SEZ employment certificate/work permit/government contract/exemption?

□ Yes □ No If you answered yes, please provide name of that person _____

(v) Since your first arrival have you at any time left Anguilla for a period of one year or more?

□Yes □ No

If yes, please give dates of and reasons for the absence

_____

9. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in answer to question 5.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. What position are you applying for? _____

11. Have you ever previously made an application (whether granted or not) to work in Anguilla? □Yes □ No

If so, please provide details, dates and state whether the applications were granted or refused:

_____

_____

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12. List your dependents

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

13. Do you have any relatives or dependents who currently reside/work in Anguilla?

Name	Relationship	Address
_____	_____	_____
_____	_____	_____

14. Please list the particulars of any dependents (spouse, children or others) who you wish to accompany you to Anguilla:

Name	Date of Birth	Nationality	Relationship	Country of Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. (i) Have you, or any dependent accompanying you, ever been charged or convicted of a criminal offence in any country? □ Yes □ No (If you answered yes please give details of ALL offences).

Name of person _____

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ii) Have you ever been deported from or refused entry to:

(a) Anguilla □ Yes □ No (If you answered yes please give details).

_____

(b) any other Country □Yes □ No (If you answered yes please give details).

_____

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16. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full? □ Yes □ No
    If you answered yes, please provide dates and details in your cover letter.

17. Are you solvent? (i.e., are you able to pay all debts/bills as they become due?) □Yes □ No (If no, please explain

    _____

    _____

18. Have you ever had any kind of permit to work refused, revoked or not renewed upon application in any country during the past 15 years? □ Yes □ No
    If yes, when, where and for what reasons? _____

    _____

19. Are you, and all dependents accompanying you, in good physical and mental health? □Yes □ No
    If no, please give details _____

20. (i) Is English your native language? □Yes □ No
        If no, what is your native language? _____
    (ii) Do you speak English? □ Yes □ No
    (iii) Do you write English? □ Yes □ No

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

Signature of prospective employee_____

Date (DD/MM/YY): _____

1
FULL FACE
PASSPORT SIZED
PHOTOGRAPH
With name and date of birth clearly printed on back

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NOTES: (i) The Applicant must have a valid passport. (ii) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (iii) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet(s) of paper, where necessary, to thoroughly answer each question.

PART 2 - To Be Completed By the Employer

1. Name of SEZ Company (employer): _____

2. Postal Address _____

3. Telephone (work) _____

   Email Address _____

4. Nature of business of employer _____

5. Position being filled (by prospective employee) _____

6. (i) How much is the prospective employee receiving in salary or wages? _____

   (ii) What is the minimum number of hours the prospective employee will be required to work? _____ per day □ per week □ per month □

   (iii) What other benefits, (if any) does the prospective employee receive?

   _____

   _____

7. For what period is the SEZ employment certificate required? _____

8. (i) Is this prospective employee being recruited from a non-English speaking country? □Yes □ No

   (ii) Are you satisfied that the prospective employee has a basic understanding of the English language in both spoken and written form as required? □ Yes □ No

   (iii) What steps have you taken to satisfy yourself that the prospective employee can speak and write the English language to the level required? _____

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DECLARATION

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_____ _____

Signature of SEZ Company (employer) Date (DD/ MM/ YY)

SEZ EMPLOYMENT CERTIFICATE CHECKLIST

- □ Original Application forms duly completed, signed and dated by employee and employer. **Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided**.
- □ Notarised Passport
- □ Police certificate covering places of residence for past 10 years (less than six months old)
- □ Medical examination report
- □ Original or certified certificates as evidence of academic or professional qualifications
- □ Four (4) passport sized photographs (identical)
- □ 1 full face passport sized photograph
- □ Copy of SEZ Trade Certificate
- □ Cover Letter from the SEZ Company (employer) explaining the need for the Employee

For Accompanying Dependents

- □ **Child(ren):** Medical examination report (if over 18 years of age), notarised passport or notarised birth certificate, a letter from a public or private school confirming acceptance.
- □ **Spouse**: Medical examination report, notarised passport, a certified marriage licence, police certificate covering places of residence for past 10 years (less than six months)

_____

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