



British Virgin Islands Financial Services Commission

REMITTANCE FORM

RF01

03/2017

Name of Agent/Remitter:

(DD/MM/YY)

REGISTRY OF CORPORATE AFFAIRS

☐ Deposit Account

Cheque Number:

VIRRGIN A/C Number:

Amount:

☐ Transaction/Document Payment

Company Name:

Company
Number:

Request/Transaction:

Fee:

REGULATORY DIVISIONS

Division:

Cheque Number:

Amount:

☐ Transaction/Document Payment

Company Name:

Licence Number:

Request/Transaction:

Fee:

Additional Notes:

PRINTED NAME:

Signature: