



THE VIRTUAL ASSETS AND VIRTUAL ASSET SERVICE PROVIDERS ACT, 2025

(Regulation 2)

FORM 1

NOTIFICATION OF A VIRTUAL ASSET SERVICE PROVIDER

1. Name of person operating VASP:
2. Operating name of VASP (if different from above):
3. Incorporation number (if applicable):
4. Address:
5. Mailing address (if different from above address):
6. Email address:
7. Website address:
8. Number of clients:
9. Value of virtual asset activities transacted by VASP over the period January 1 – November 30, 2025:
10. Information of principal shareholders (holding more than ten (10%) of issued shares, and senior officers as defined in the VA/VASP Act. (please attach separate sheet if needed)
 - (a) Name:
 - (b) Home address:
 - (c) Government issued identification numbers:
Drivers Permit Number:
National Identification Number:

.....
Name in block letters and
signature of applicant

.....
Date