(To be used by Governments and Statutory Bodies)

| FR | OM: Accountant General - | Antigua | TEST N | UMBER: | 2297 | | | | |
|-------------|---|--|--|----------------|-----------|------------------|--|--|--|
| 20 | MESSAGE NUMBER: | AG144/24 | I | MESSAGE I | DATE: | 30th July 2024 | | | |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 30 th July 2024 XCD \$308,903.93 | | | | | | | |
| 53 | DETAILS OF ACCOUNT | TO BE DEBIT | ED: | | | | | | |
| | NAME: NUMBER: | Government of | Antigua and Barb | ouda 24 Hour | Call Acc | count | | | |
| 56 | INTERMEDIARY BANK: | | | Swift: | ECCBK | SKXXX | | | |
| 30 | NAME: ADDRESS: | Eastern Caribb | ean Central Bank seterre, St. Kitts | | | | | | |
| 57] | BENEFICIARY'S BANK: | | | | | | | | |
| | NAME: ADDRESS: | ACB Caribbean Thames and St. St. John's, Ant | Mary's Street, | Swif | t: ANC | BAGAGXXX | | | |
| | ACCOUNT NUMBER AT INTERMEDIARY BANK: (must only be used if field "56" is completed) | | | | | | | | |
| 59 | BENEFICIARY: NAME: | Registrar of High | | | | | | | |
| | ACCOUNT NUMBER: | | | | | | | | |
| | 70 DETAILS OF PAYMEN | NT: To facilita Dated 26 | te payment for the .07.2024 | release of the | e Vessel- | Alfa Nero | | | |
| 1 | FUNDED BY (indicate the of ✓ Existing credit balance on a ☐ Reimbursement by the 15th ☐ Deposit to account - see moderal of the count of the | account n of the next moressage number | nth | | | | | | |
| TE: | ST AGREED BY: | | CCB USE ONLY & REGISTRATI | | | | | | |
| | UNIT | FT# | | | | | | | |
| | OMI | Date: | | | | | | | |
| | | Innut | Verified | Authorised | - Sen | t for Filing by: | | | |

Initial

Date

GOVERNMENTS &

PAYMENTS & SETTLEMENTS

OTHER INSTITUTIONS

Government of Antigua and Barbuda

Payment Voucher- TR 3





Examined and Passed for Payment by: Accountant General

Department: TREASURY

Department Folio No: 6/38066 Date 327-2024

| Е | xpense Vouc | her No. | Temp. No | | More | Payee I | | | Vendor Co | ode | |
|--|--|--|---|--|----------|------------------|---------------------------|--|-----------------|------|------------|
| | | | | | IVIALS | hall and Compa | ny | | | | |
| Com | mitment/Obl | igation No. | Description of E | Description of Expense Court Order: Claim No. ANUHAD2024/0001 | | | | | | | |
| Fund | Activity | Department | Detail Line Iter | n Auth | ority | Detailed Des | ription | | Quantity | Unit | Amount \$ |
| 1000 | 901424 | 0801 | 38006 | Gene War | | dated 26th Ju | y, 2024, between Tina | aim No.ANUHAD2024/0001 Westwood versus the Owners ation for the release of the | | | 1 |
| Parameter Street, or other Persons and Per | | heque | | | | Amount due | \$117,781.84 | | | | 117,781.84 |
| | JUL 30 | 2024 | | | | | | | Gross Amount | | 117,781.84 |
| 1 - | The state of the s | - CHYVA | ň A | | | Here insert ce | tificate required by F.I. | No. 53 | | | |
| | | reasury | more | _ | | | CERTIFIE | D CORRECT | | | |
| I certify that with the finat | the above ac ncial regulati | count is correct an ons in force in An | d is in order for pa tigua and Barbuda | ayment in and that | accordar | nce available | | Cala SIAIO | | | |
| | 7- 22 24 SURY USE O | | Depar | tment H | ad COU | intant Ge | neral | | | | |
| | MODE | | | | | | | | | | |
| | | | | | | | thousand seven h | MENT OF THE SUM:One hi undred eighty-one and 84/100 | | | STAMP |
| Bank | Account | Che | que No. | | Cheque | Date | Date | Signature | | | |
| | | | | | | | Witness to Payment | • | | | |

Date: 08-0<u>8-20</u>24

Officer:

Reference: 08-08-2024 - 0000274

Ordering Customer

Customer Account:

Customer Name:

Customer Address:

Customer City:

Customer Country:

GOVERNMENT OF ANTIGUA AND BARBUDA

INDEPENDENCE DRIVE

ST JOHNS

ANTIGUA AND BARBUDA

Payment Information

Payment Amount:

Equivalent Amount:

Debit Amount:

Total Fees:

55,033.14 USD

148,589.48 XCD

55,033.14 USD

76.85 USD

Remittance Info:

COMPUTER SOFTWARE LICENSING AND

RENEWAL INV PSI1458110 DTD

4/29/2024 GOVERNMENT

Beneficiary Customer

Beneficiary Account:

Beneficiary Name:

Beneficiary Address:

Beneficiary City: Beneficiary Country:

SOFTWARE ONE INC

20875 CROSSROADS CIR STE 1

WAUKESHA WI 53186 4093

USA

Beneficiary Bank

Bank Code:

Bank Name:

Bank City:

Bank Country:

MRMDUS33

HSBC BANK USA

NEW YORK

UNITED STATES

Date: 08-08-2024 Officer:

Reference: 08-08-2024 - 0000273

Ordering Customer

Customer Account: Customer Name:

Customer Address:

Customer City:

Customer Country:

Payment Information

Payment Amount:

Equivalent Amount:

Debit Amount:

Total Fees:

Remittance Info:

58,637.23 USD

INDEPENDENCE DRIVE High Street, St.John's

ANTIGUA AND BARBUDA

76.85 USD

COMPUTER SOFTWARE LICENSING AND

58,637.23 USD

158,320.52 XCD

GOVERNMENT OF ANTIGUA AND BARBUDA

RENEWAL INV US PSI1332850 DTD

26/4/2023 GOVERNMENT

Beneficiary Customer

Beneficiary Account:

Beneficiary Name:

Beneficiary Address:

Beneficiary City:

Beneficiary Country:

SOFTWARE ONE INC 20875 CROSSROADS CIR STE 1

WAUKESHA WI 53186 4093

USA

Beneficiary Bank

Bank Code:

Bank Name:

Bank City:

Bank Country:

MRMDUS33

HSBC BANK USA

NEW YORK

UNITED STATES

SIGNATURE

Date: 14-08-2024

Officer:

Reference: 14-08-2024 - 0000195

Ordering Customer

Customer Account:

Customer Name:

Customer Address:

Customer City:

Customer Country:

GOVERNMENT OF ANTIGUA AND BARBUDA

INDEPENDENCE DRIVE

ST JOHNS

ANTIGUA AND BARBUDA

Payment Information

Payment Amount:

Equivalent Amount:

Debit Amount: Total Fees:

147,239.72 USD

397,547.24 XCD

147,239.72 USD

76.85 USD

COMPUTER SOFTWARE LICENSING AND Remittance Info:

RENEWAL INV USPSI 1220521, USPSI1234

217, USPSI 1247233

GOVERNMENT

Beneficiary Customer

Beneficiary Account:

Beneficiary Name:

Beneficiary Address:

Beneficiary City:

Beneficiary Country:

SOFTWARE ONE INC

20875 CROSSROADS CIR STE 1

WAUKESHA WI 53186 4093

USA

Beneficiary Bank

Bank Code:

Bank Name:

Bank City:

Bank Country:

MRMDUS33

HSBC BANK USA

NEW YORK

UNITED STATES

Date: 14-08-2024

Officer:

Reference: 14-08-2024 - 0000193

Ordering Customer

Customer Account:

Customer Name:

Customer Address:

Customer City:

Customer Country:

GOVERNMENT OF ANTIGUA AND BARBUDA

INDEPENDENCE DRIVE

ST JOHNS

ANTIGUA AND BARBUDA

Payment Information

Payment Amount:

Equivalent Amount:

Debit Amount:

Total Fees:

111,964.18 USD

302,303.29 XCD

111,964.18 USD

76.85 USD

Remittance Info:

COMPUTER SOFTWARE LICENSING AND

RENEWAL INV US SCO 1277445

USPSI1260702 USSCO129952 AND USSCO

1304347, GOVERNMENT

Beneficiary Customer

Beneficiary Account:

Beneficiary Name:

Beneficiary Address:

Beneficiary City:

Beneficiary Country:

SOFTWARE ONE INC

20875 CROSSROADS CIR STE 1

WAUKESHA WI 53186 4093

USA

Beneficiary Bank

Bank Code:

Bank Name:

Bank City:

Bank Country:

MRMDUS33

HSBC BANK USA

NEW YORK

UNITED STATES

OFFICER SIGNATURE

Date: 14-08-2024

Officer:

Reference: 14-08-2024 - 0000217

Ordering Customer

Customer Account:

Customer Name:

Customer Address:

Customer City:

Customer Country:

GOVERNMENT OF ANTIGUA AND BARBUDA

INDEPENDENCE DRIVE

ST JOHNS

ANTIGUA AND BARBUDA

Payment Information

Payment Amount:

Equivalent Amount:

Debit Amount:

Total Fees:

64,989.81 USD

175,472.49 XCD

64,989.81 USD

76.85 USD

Remittance Info:

COMPUTER SOFTWARE LICENSING AND

RENEWAL INV USSCO 1114918, USSCO

1124596, USSCO 1126944 AND USPSI

1045580, GOVERNMENT

Beneficiary Customer

Beneficiary Account:

Beneficiary Name:

Beneficiary Address:

Beneficiary City:

Beneficiary Country:

SOFTWARE ONE INC

20875 CROSSROADS CIR STE 1 WAUKESAH WI53186 4093

USA

Beneficiary Bank

Bank Code:

Bank Name:

Bank City:

Bank Country:

MRMDUS33

HSBC BANK USA

NEW YORK

UNITED STATES

OFFICER SIGNATURE

Date: 14-08-2024 Officer:

Reference: 14-08-2024 - 0000216

Ordering Customer

Customer Account:
Customer Name:
Customer Address:
Customer City:

Customer City: Customer Country:

Payment Information

Payment Amount: Equivalent Amount:

Debit Amount:

Total Fees:

Remittance Info:

GOVERNMENT OF ANTIGUA AND BARBUDA

INDEPENDENCE DRIVE

ST JOHNS

ANTIGUA AND BARBUDA

111,609.45 USD 301,345.52 XCD

111,609.45 USD

76.85 USD

COMPUTER SOFTWARE LICENSING AND

RENEWAL INV USPSI 1283566

USPSI 1309059, USSCO 1395500, USSCO 127183 AND USSCO1396136, GOVERNMENT

Beneficiary Customer

Beneficiary Account:

Beneficiary Name:

Beneficiary Address:

Beneficiary City:

Beneficiary Country:

SOFTWARE ONE INC

20875 CROSSROADS CIR STE 1,

WAUKESHA WI53186 4093

USA

Beneficiary Bank

Bank Code:

Bank Name:

Dank Name.

Bank City:

Bank Country:

MRMDUS33

HSBC BANK USA

NEW YORK

UNITED STATES

OFFICER STONATURE

- WALK BRANCH

(To be used by Governments and Statutory Bodies)

| FR | OM: Accountant General - | Antigua | TEST N | UMBER: 34. | 59 | | | | | |
|----|---|---|--|-------------------|--------------------------|------|--|--|--|--|
| 20 | MESSAGE NUMBER: | AG135/24 | N | MESSAGE DAT | E: 23 rd July | 2024 | | | | |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 23 rd July 2024 XCD \$8,436,212.34 | | | | | | | | |
| 53 | DETAILS OF ACCOUNT | TO BE DEBIT | ED: | | | | | | | |
| | NAME: NUMBER: | Government of | Antigua and Barb | ouda 24 Hour Call | Account | | | | | |
| | NOMBER. | | | Swift: ECC | CBKSKXXX | | | | | |
| 56 | INTERMEDIARY BANK NAME: ADDRESS: | | ean Central Bank seterre, St. Kitts | | | | | | | |
| 57 | BENEFICIARY'S BANK: NAME: ADDRESS: | ACB Caribbean Thames and St. St. John's, Anti | Mary's Street, | Swift: A | ANCBAGAG | XXX | | | | |
| | ACCOUNT NUMBER AT INTERMEDIARY BANK: (must only be used if field "56" is completed) | | | | | | | | | |
| 59 | BENEFICIARY: NAME: | Registrar of Hig St. John's, Anti | | | | | | | | |
| | ACCOUNT NUMBER: | | | | | | | | | |
| | 70 DETAILS OF PAYME | | -Consent Order | Obligations: | | | | | | |
| | FUNDED BY (indicate the expression of Existing credit balance on ☐ Reimbursement by the 15t☐ Deposit to account - see m☐ Transfer from Call Account | account h of the next mor essage number | nth | | | | | | | |
| TE | ST AGREED BY: | | CCB USE ONLY & REGISTRATI | | | | | | | |
| | UNIT | FT# | | | | | | | | |
| | OIVII | Date: | | | Sent for Filing by: | | | | | |
| | | Input | Verified | Authorised | | | | | | |
| | OVERNMENTS & THER INSTITUTIONS | | | | Initial | Date | | | | |
| Ъ | A VIMIENTE O | | | | | | | | | |

TEST NUMBER: 3600

(To be used by Governments and Statutory Bodies)

FROM: Accountant General - Antigua

| 20 | MESSAGE NUMBER: | AG137/24 | | MESSAGE DAT | ric. | 24 th Jul | v 2024 |
|----|--|--|------------------------------------|-----------------------|---------|----------------------|--------------------|
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 24 th July 2024 USD \$2,962,426.61 | | VIESSAGE <i>D</i> A I | I.C. | 24 Jui | y 202 4 |
| 53 | DETAILS OF ACCOUNT | T TO BE DEBIT | TED: | | | | |
| | NAME: NUMBER: | Government of | Antigua and Bar | ouda 24 Hour Cal | ll Acco | ount | |
| 56 | INTERMEDIARY BANK | ξ : | | | | 6009593 0FAUS3 | |
| | NAME: ADDRESS: | Bank of Americ 100 SE, 2 nd Stre Miami, Florida | eet | Swift: Al | NCBA | GAGXX | ΚX |
| 57 | BENEFICIARY'S BANK: | | | | | | |
| | NAME: | ACB Caribbean P.O. Box 95, Th St. John's Antig | hames & St. Mary | 's Street | | | |
| | ACCOUNT NUMBER AT | Γ INTERMEDIA | ARY BANK: | | | | |
| 59 | BENEFICIARY NAME: | Marina and R Falmouth Harbo | esort Ltd. our, Antigua, W.I | | | | |
| | ACCOUNT NUMBER: | | | | | | |
| 70 | DETAILS OF PAYMENT | | syment of settlements of the Marin | | | | |
| | FUNDED BY (indicate the ☑ Existing credit balance on ☐ Reimbursement by the 15 ☐ Deposit to account - see n ☐ Transfer from Call Account | n account1 th of the next monessage number | nth | | | | |
| TE | ST AGREED BY: | | CCB USE ONLY & REGISTRAT | | | | |
| | UNIT | FT# | | | | | |
| | | Date: Input | Verified | Authorised | Sent | for Filir | ng by: |
| | OVERNMENTS & THER INSTITUTIONS | | | | Initia | ıl | Date |
| | AYMENTS & ETTLEMENTS | | | | | | |

TEST NUMBER: 3713

(To be used by Governments and Statutory Bodies)

FROM: Accountant General - Antigua

20 MESSAGE NUMBER: AG130/24

| | | | N | MESSAGE DAT | E : 19 th July | y 2024 | | | | |
|-------------|---|---|------------------------------|-------------------|----------------------------------|--------|--|--|--|--|
| 32 | CURRENCY: | 19 th July 2024 USD \$5,522,265.62 | | | • | , | | | | |
| 53 | DETAILS OF ACCOUNT | | ED: | | | | | | | |
| | NAME: NUMBER: | Government of | Antigua and Barb | uda 24 Hour Cal | l Account | | | | | |
| 56 | INTERMEDIARY BANK: NAME: ADDRESS: | : | | | | | | | | |
| 57] | BENEFICIARY'S BANK: | | | ABA: 026 | | | | | | |
| | NAME: | SWIFT: BOFAUS3N Bank of America New York Branch 100 W 33 rd Street New York, NY 10001 | | | | | | | | |
| | ACCOUNT NUMBER AT INTERMEDIARY BANK: | | | | | | | | | |
| 59 | BENEFICIARY NAME: Caribbean Development Bank Wildey St. Michael, Barbados | | | | | | | | | |
| | ACCOUNT NUMBER: | | | | | | | | | |
| 70 | DETAILS OF PAYMENT: | To facilitate pa | yment of Principa | l and Interest on | | | | | | |
| | 72 FUNDED BY (indicate the option which applies): ☑ Existing credit balance on account1 ☐ Reimbursement by the 15th of the next month ☐ Deposit to account - see message number ☐ Transfer from Call Account - see message number | | | | | | | | | |
| TE | ST AGREED BY: | | CCB USE ONLY & REGISTRATI | ON #: | | | | | | |
| | UNIT | FT# | | | | | | | | |
| | UNII | Date: | | | | | | | | |
| | | Input | Verified | Authorised | Sent for Filin | ng by: | | | | |
| Ш | OVERNMENTS & THER INSTITUTIONS | | | | Initial | Date | | | | |
| Ш | AYMENTS & ETTLEMENTS | | | | | | | | | |

(To be used by Governments and Statutory Bodies)

| FRO | OM: Accountant General - | · Antigua | 7 | TEST NUMBER | : 3879 | | | | | |
|---------------|---|---|--------------------------------------|-------------------|--------------------------|---------|--|--|--|--|
| 20 | MESSAGE NUMBER: | AG132/24 | N | MESSAGE DAT | E: 19 th July | 2024 | | | | |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 19 th July 2024 EC \$20,103,561.64 | | | | | | | | |
| 53 | DETAILS OF ACCOUNT | TO BE DEBIT | ED: | | | | | | | |
| | NAME: NUMBER: | Government of | Antigua and Barb | ouda 24 Hour Call | Account | | | | | |
| | INTERMEDIARY BANK NAME: ADDRESS: | : | | | | | | | | |
| | 7 BENEFICIARY'S BANK: NAME: Eastern Caribbean Central Bank Bird Rock, Basseterre, St. Kitts | | | | | | | | | |
| | ACCOUNT NUMBER AT INTERMEDIARY BANK: | | | | | | | | | |
| | BENEFICIARY NAME: | | Antigua and Barborive, St. John's, A | | | | | | | |
| | ACCOUNT NUMBER: | | | | | | | | | |
| 70] | DETAILS OF PAYMENT | | Principal and Inter: payment of Shor | | nporary advar | nce XCD | | | | |
| 6 C | FUNDED BY (indicate the ☑ Existing credit balance on ☐ Reimbursement by the 15t ☐ Deposit to account - see m ☐ Transfer from Call Account | account1 th of the next mornessage number | nth | | | | | | | |
| TES | ST AGREED BY: | | CCB USE ONLY & REGISTRATI | | | | | | | |
| Ē | UNIT | FT# | | | | | | | | |
| | | Date: | T7 +0+ J | 41 | Sent for Fili | ng by: | | | | |
| | OVERNMENTS & THER INSTITUTIONS | Input | Verified | Authorised | Initial | Date | | | | |
| | AYMENTS & | | | | | | | | | |

SETTLEMENTS

(To be used by Governments and Statutory Bodies)

| FR | OM: Accountant General | - Antigua | 7 | TEST NUMBER: | 4191 | | | | | |
|-------------|--|---|---------------------------|--|--------------------------|-------------|--|--|--|--|
| 20 | MESSAGE NUMBER: | AG131/24 | ľ | MESSAGE DATE | E: 19 th July | 2024 | | | | |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 19 th July 2024 EC \$23,282,301.37 | 1 | | | | | | | |
| 53 | DETAILS OF ACCOUNT | r to be debi i | ΓED: | | | | | | | |
| | NAME: NUMBER: | Government of | Antigua and Barb | ouda 24 Hour Call | Account | | | | | |
| 56 | INTERMEDIARY BANK NAME: ADDRESS: | : | | | | | | | | |
| 57] | 7 BENEFICIARY'S BANK: NAME: Eastern Caribbean Central Bank Bird Rock, Basseterre, St. Kitts | | | | | | | | | |
| | ACCOUNT NUMBER AT INTERMEDIARY BANK: | | | | | | | | | |
| 59 | BENEFICIARY NAME: | Government of Antigua and Barbuda Independence Drive, St. John's, Antigua | | | | | | | | |
| | ACCOUNT NUMBER: | | | | | | | | | |
| 70 | DETAILS OF PAYMENT | | | and Interest on EC of Short Term facili | | ary advance | | | | |
| | E FUNDED BY (indicate the ☑ Existing credit balance on ☐ Reimbursement by the 15 ☐ Deposit to account - see m ☐ Transfer from Call Accou | n account1 th of the next mo nessage number int - see message | onth number | | | | | | | |
| <u>TE</u> | CST AGREED BY: | | CCB USE ONLY & REGISTRATI | | | | | | | |
| | UNIT | FT# | | | | | | | | |
| | | Date: | X7 *0*_3 | 1 | Sent for Filin | ng by: | | | | |
| | OVERNMENTS & OTHER INSTITUTIONS | Input | Verified | Authoriseu | Initial | Date | | | | |
| | AYMENTS & ETTLEMENTS | | | | | | | | | |

(To be used by Governments and Statutory Bodies)

| FR | OM: Accountant General | l - Antigua | | TEST NUM | BER: | 3250 | | | |
|----|--|--|------------------------------------|----------------|-----------|--------------------------|--------------|--|--|
| 20 | MESSAGE NUMBER: | AG136/24 | | MESSAGE | DATE: | 24 th July 20 |)24 | | |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 24 th July 202 EC \$1,874,840.0 | | | | | | | |
| 53 | DETAILS OF ACCOUN | T TO BE DEF | BITED: | | | | | | |
| | NAME: NUMBER: | Government | of Antigua and I | Barbuda 24 Hou | r Call Ac | ecount | | | |
| 56 | INTERMEDIARY BANK NAME: ADDRESS: | K: | | SWI | FT: ECA | BAGAGXX | XΧ | | |
| 57 | BENEFICIARY'S BANE | ζ: | | Rout | ing: 0000 | 000712 | | | |
| | NAME: Eastern Caribbean Amalgamated ADDRESS: 1000 Airport Boulevard Coolidge, St. John's, Antigua | | | | | | | | |
| | ACCOUNT NUMBER A | T INTERME | DIARY BANK: | | | | | | |
| 59 | BENEFICIARY NAME: | The West Inc Friars Hill F St. John's, A | | Limited | | | | | |
| | ACCOUNT NUMBER: | | | | | | | | |
| | 70 DETAILS OF PAYM | | litate payment of a Nero during it | 11. | | ilitate the o | perations of | | |
| | FUNDED BY (indicate the ☑ Existing credit balance o ☐ Reimbursement by the 1: ☐ Deposit to account - see: ☐ Transfer from Call Account | n account 5th of the next is message number | month | | | | | | |
| TF | ST AGREED BY: | | ECCB USE ON TE & REGISTR | | | | | | |
| | UNIT | FT# | - WILLOWIN | | | | | | |
| | | Input | Date: Input Verified Authorised | | | Sent for Filing by: | | | |
| | OVERNMENTS & THER INSTITUTIONS | | | | Initial | Date | | | |

PAYMENTS & SETTLEMENTS

(To be used by Governments and Statutory Bodies)

| FR | OM: Accountant Genera | l - Antigua | | TEST NU | MBER: | 1040 | |
|----|--|---|-----------------------------|-----------------------|---------------------|----------------|-------|
| 20 | MESSAGE NUMBER: | AG138/24 | | MESSAG | E DATE: | 24th July 2024 | |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 24 th July 202 USD \$800,000.00 | | | | | |
| 53 | DETAILS OF ACCOUN | T TO BE DE | BITED: | | | | |
| | NAME: NUMBER: | Governmen | nt of Antigua and | l Barbuda 24 H | our Call Ac | ecount | |
| 56 | INTERMEDIARY BAN NAME: ADDRESS: | K: Bank of Am 100 33 rd Str New York, | eet West | Swift: BO ABA: 026 | FAUS3NX -009-593 | XX | |
| 57 | BENEFICIARY'S BANI | K: | | | Swift | : ECABAGAGX | ΚΧΧ |
| | ME: DRESS: ACCOUNT NUMBER A | ribbean Amalg ort Boulevard Antigua CDIARY BANK | | | | | |
| 59 | BENEFICIARY NAME: | Richards & 41 Nevis Str St. John's, A | reet | | | | |
| | ACCOUNT NUMBER: | | | | | | |
| | 70 DETAILS OF PAYM | MENT: To fac | cilitate payment | of Compensat | ion awarde | d to HMB Hold | lings |
| | FUNDED BY (indicate th ☑ Existing credit balance on ☐ Reimbursement by the 1 ☐ Deposit to account - see ☐ Transfer from Call Account | on account 5th of the next message numb ount - see message | month per age number | | | | |
| TE | ST AGREED BY: | | R ECCB USE O TE & REGIST | | | | |
| | UNIT | FT# Date: | | | a | | |
| | | Input | Verified | Authorised | Sent for I | filing by: | |
| O | OVERNMENTS & THER ISTITUTIONS | | | | Initial | Date | |
| P | AYMENTS & | | | | | | |

SETTLEMENTS

(To be used by Governments and Statutory Bodies)

| FR | OM: Accountant Genera | l - Antigua | | TEST NUM | IBER: | 1191 |
|-----|---|--|---|----------------|------------|---------------------------|
| 20 | MESSAGE NUMBER: | AG121/24 | | MESSAGE | DATE: | 2 nd July 2024 |
| 32 | VALUE DATE: CURRENCY: AMOUNT: | 2 nd July 202 EC \$1,000,000 | | | | |
| 53 | DETAILS OF ACCOUN | IT TO BE DE | EBITED: | | | |
| | NAME: NUMBER: | Governmen | nt of Antigua and | Barbuda 24 Hot | ır Call Ac | ecount |
| 56 | INTERMEDIARY BAN NAME: ADDRESS: | Eastern Car | ribbean Central Ba Basseterre, St.Kitt | | SWII | FT: ECABAGAGX |
| 57 | BENEFICIARY'S BAN | K: | | | | |
| | ME: DRESS: | 1000 Airpo | nribbean Amalga ort Boulevard St. John's, Antig | | | |
| | ACCOUNT NUMBER A | AT INTERMI | EDIARY BANK: | | | |
| 59 | BENEFICIARY NAME: | c/o Forbes | Development Cor and Associates, er and Temple St Antigua | P.O. Box 184 | | |
| | ACCOUNT NUMBER: | | | | | |
| | 70 DETAILS OF PAYM | | litate payment on J r settlement agree | | | |
| | FUNDED BY (indicate the Existing credit balance of Reimbursement by the 1 □ Deposit to account - see □ Transfer from Call Account | on account 5th of the next message numb | t month | | | |
| TE. | ST AGREED BY: | | R ECCB USE ON TE & REGISTR | | | |
| | UNIT | FT# | IL W REGISTR | | | |
| | OIII | Date: | | | | |
| | | Input | Verified | Authorised | Sent fo | r Filing by: |
| | OVERNMENTS & THER INSTITUTIONS | | | | Initial | Date |
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PAYMENTS & SETTLEMENTS