

**Schedule 3**  
**FORM ECSRC – Q**

**(Select One)**

Quarterly Report  
For the period ended SEPTEMBER 30, 2012

or

TRANSITION REPORT \_\_\_\_\_  
**(Applicable where there is a change in reporting issuer's financial year)**

For the transition period from \_\_\_\_\_ to \_\_\_\_\_

Issuer Registration number SKNANB 28071959KN

ST KITTS-NEVIS-ANGUILLA NATIONAL BANK LTD  
(Exact name of reporting issuer as specified in its charter)

ST KITTS-NEVIS  
(Territory or jurisdiction of incorporation)

CENTRAL STREET, BASSETERRE, ST. KITTS  
(Address of principal office)

Reporting issuer's:

Telephone number (including area code): (869) 465 2204

Fax number: (869) 465 1050

Email address: webmaster@sknanb.com

**(Provide information stipulated in paragraphs 1 to 8 hereunder)**

Indicate the number of outstanding shares of each of the reporting issuer's classes of common stock, as of the date of completion of this report. \_\_\_\_\_

<b>CLASS</b>	<b>NUMBER</b>
ORDINARY SHARES	135,000,000

**SIGNATURES**

Name of Chief Executive Officer

Name of Director:

SIR EDMUND LAWRENCE

MR LINKON MAYNARD

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date