

Schedule 3
FORM ECSRC – Q

(Select One)

Quarterly Report
For the period ended MARCH 31, 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. _____

CLASS	NUMBER
ORDINARY SHARES	135,000,000

SIGNATURES

Name of Chief Executive Officer

Name of Director:

SIR EDMUND LAWRENCE

MR LINKON MAYNARD

Signature

Signature

Date

Date