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| **THE FINANCIAL SERVICES COMMISSION** |

**APPLICATION FORM**

 **FOR**

**ROBOTIC AND ARTIFICIAL INTELLIGENCE ENABLED ADVISORY SERVICES**

***(Pursuant to Section 16 of the Financial Services Act 2007)***

**NAME OF APPLICANT**

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|  |

**CONTACT DETAILS OF APPLICANT**

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| --- |
| ADDRESS: ………………………………..…………………………………………………… PHONE NO: …………………………………..……………………………………………… FAX NO: …………………………………..………………………………………………EMAIL: ……………………………………..……………………………………………… WEBSITE: ……………………………………..……………………………………………… |

### FOR OFFICIAL USE

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| FSC | F | S | 1.18 |

Date of Application

Date of Receipt:

FSC Code:

***Note:***

1. ***The information/documents required vide this Application Form and Annex must not be considered exhaustive. The FSC may request for such other information as it deems necessary with respect to the Application.***
2. ***Additional sheet(s) may be used, if necessary, to submit the required information***

**LEGAL STATUS OF THE APPLICANT**

**1. APPLICANT’S DETAILS**

|  |  |
| --- | --- |
| 1.1 | **APPLICANT IS/SHALL BE A**: *Tick as appropriate (🗸)*Public CompanyPrivate Company |

**2. ACTIVITY**

|  |
| --- |
| (Please specify type of activity and code) |
| ………………………………………………………………………………………………………….………………………………………………………………………………………………………….…………………………………………………………………………………………………………. |

**3. CAPITAL STRUCTURE**

|  |  |
| --- | --- |
| 3.1 | Share Capital (at par value/at no par value) **\*\***Stated Capital ………………..….. Amount to be represented at no par value ………..……….. |
| 3.2 | Types and Classes of Shares(specify whether issued and fully-paid) | Number of Shares | Amount^ (Rs) |
|  |  |  |  |
|  | …………………………………………………..………………………………………………….…………………………………………………..…………………………………………………..………………………………………………….. | ………………….………………….………………….………………….…………………. | ……………………………………………………………………………………………………………………………………. |

\*\* *Delete as appropriate*

^ *To specify, if denominated in a currency other than Mauritian rupees*

**4. REGISTERED OFFICE/PLACE OF BUSINESS IN MAURITIUS**

|  |  |
| --- | --- |
| 4.1 | ADDRESS: ….…………………...……..…………………….……..…….………………………..………………..……………………………....………………………..….…………………………………………..……………………………....………………………..….………………………… PHONE /FAX /EMAIL: …….………………………………..…………….………………………  |

**5. DIRECTORS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** ***(surname in block letters)*** | **Citizen of Mauritius (Y/N)** | **Contact Details*****(Phone/Fax/Email)*** |
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**6. SECRETARY (as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
|  |  |  |  |

**7. AUDITOR**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
|  |  |  |  |

**8. OFFICERS (CEO/ MD/ CFO/ CFC/ General Manager/ Manager/CoSec/ Compliance Officer/ MLRO/ Deputy MLRO) [as applicable]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name & Position*****(surname in block letters)*** | **Citizen of Mauritius (Y/N)** | **Contact Details*****(Phone/Fax/Email)*** |
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**9. SUBSTANTIAL SHAREHOLDER(S)\* (as applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full Name*****(surname in block letters)*** | **Address** | **Citizen of Mauritius (Y/N)** | **% Share\*\*** |
|  |  |  |  |  |
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|  |  |  |  |  |

***\**** *As defined under Section 2 of the Companies Act 2001*

***\*\**** *To also specify Types and Classes of Shares*

**10. ULTIMATE BENEFICIAL OWNERS\*** *(if different from details provided under Section 9)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name*****(surname in block letters)*** | **Address** | **Citizen of Mauritius (Y/N)** |
|  |  |  |  |
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**\*** *In accordance with the FSC’s Code on the Prevention of Money Laundering & Terrorist Financing*

**11. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner ^**

|  |  |  |
| --- | --- | --- |
|  | ***Tick as appropriate*** | ***🗸*** |
| **11.1** | **Individual** |  |
| 11.1.1 | Certified copy of National Identity Card / Valid Passport  |  |
| 11.1.2 | Recent Bank Reference from a recognised banking institution which has known the person for at least the last two years |  |
| 11.1.3 | Class of shares to be held by the person including the number of shares and respective amount |  |
| **11.2** | **Company** |  |
| 11.2.1 | Certified copy of Certificate of Incorporation/Registration and/or Licence  |  |
| 11.2.2 | Certificate of Current Standing |  |
| 11.2.3 | Corporate Profile, Latest Annual Return and Audited Financial Statements  |  |
| 11.2.4 | Class of shares to be held by the company including the number of shares and respective amount  |  |
| **11.3** | **Trust** |  |
| 11.3.1 | Certified copy of Trust Deed |  |
| 11.3.2 | An indication of assets value held by the trust |  |
| 11.3.3 | Profile of the settlor/contributor, trustee and beneficiaries of the trust  |  |
| 11.3.4 | For a discretionary trust: Confirmation that the FSC will be provided with the appropriate CDD documents on beneficiaries, as and when distributions are made |  |
| 11.3.5 | Class of shares to be held by the trust including the number of shares and respective amount |  |
| **11.4** | **Limited Partnership** |  |
| 11.4.1 | Certified copy of Certificate of Registration, and Good Standing of the Limited Partnership |  |
| 11.4.2 | Profile and latest audited financial statements of the Limited Partnership |  |
| 11.4.3 | Class of shares to be held by the limited partnership including the number of shares and respective amount |  |
| **11.5** | **Société** |  |
| 11.5.1 | Certified copy of ‘Statuts de Société’, and Accounting Records |  |
| 11.5.2 | Details of the associés |  |
| 11.5.3 | Class of shares to be held by the société including the number of shares and respective amount |  |

**^** *Controlling shareholder and ultimate beneficial owner refers to any person/entity who/which is entitled to exercise or control the exercise, either directly or indirectly, of 20 per cent or more of the voting power of the Applicant.*

 **DECLARATION BY APPLICANT/APPLICANT’S REPRESENTATIVE**

**I certify that the information furnished in this application and additional submission, as required in Annex hereto, is complete and correct to the best of my knowledge and belief.**

**I also undertake to notify the Financial Services Commission of any material change in information/documents submitted with respect to the above.**

**Name of Applicant/Applicant’s Representative**

**(BLOCK CAPITALS)**

**……………………………………………………………………….………**

**Signature of Applicant/Applicant’s Representative:**

**…………….……………………………………..……**

**Date: .….…………..……**