THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

TREASURY MANAGEMENT

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

NAME OF APPLICA	NAME OF APPLICANT		
CONTACT DETAIL	LS OF APPLICANT		
ADDRESS:			
PHONE NO:			
FAX NO :			
EMAIL :	EMAIL :		
WEBSITE:			
A	FOR OFFICIAL USE pplicants Should Not Write Below This Line		
Date of Application			
Date of Receipt:			
FSC Code:	FSC F S 1.6		

Note:

- (i) 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.
- (ii) The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws, regulations, rules and policy guidelines.
- (iii) 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 Company Private Company	Other (plea	ase specify)
2.	CAPITAL STRUCTURE (as applicable)		
2.1	Share Capital (at par value/at no par value) **		
	Stated Capital Amount to be	represented at no par	value
2.2	Types and Classes of Shares (specify whether issued and fully-paid)	Number of Shares	Amount^ (Rs)
	elete as appropriate		
	o specify, if denominated in a currency other than M	_	
3.	REGISTERED OFFICE/PLACE OF BUSINI	ESS IN MAURITIU	S
3.1	ADDRESS:		
	PHONE /FAX /EMAIL:		

4. DIRECTORS (as	s applicable)
------------------	---------------

Full Name (surname in block letters)	Citizen of Mtius (Y/N)	Contact Details (Phone/Fax/Email)

5. SECRETARY (as applicable)

Full Name	Address	Contact Details (Phone/Fax/Email)

6. AUDITOR

Full Name	Address	Contact Details (Phone/Fax/Email)

7. OFFICERS (Director/ CEO/ MD/ CFO/ CFC/ General Manager/ Manager/CoSec/ Partner/ Trustee/ Compliance Officer/ MLRO/ Deputy MLRO) [as applicable]

Full Name & Position (surname in block letters)	Citizen of Mtius (Y/N)	Contact Details (Phone/Fax/Email)

8. SUBSTANTIAL SHAREHOLDERS * (as applicable)

Full Name (surname in block letters)	Address	Citizen of Mtius (Y/N)	% Share**

^{*} As defined under Section 2 of the Companies Act 2001; ** To also specify Types and Classes of Shares

9. **ULTIMATE BENEFICIAL OWNERS*** (if different from details provided under Section 8)

Citizen of Mtius (Y/N)

^{*} Means the ultimate owners/beneficiaries of the Applicant

10. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner $^{\wedge}$

	Tick as appropriate	√
<u>10.1</u>	<u>Individual</u>	
10.1.1	Certified copy of National Identity Card / Valid Passport	
10.1.2	Bank Reference from a recognized banking institution which has known the person for at least the last two years	
10.1.3	Class of shares to be held by the person including the number of shares and respective amount	
10.2	Company	
10.2.1	Certified copy of Certificate of Incorporation/Registration and/or Licence	
10.2.2	Certificate of Current Standing	
10.2.3	Corporate Profile, Latest Annual Return and Audited Financial Statements	
10.2.4	Class of shares to be held by the company including the number of shares and respective amount	
<u>10.3</u>	<u>Trust</u>	
10.3.1	Certified copy of Trust Deed	
10.3.2	An indication of assets value held by the trust	

10.3.3	Profile of the settlor/contributor, trustee and beneficiaries of the trust	
10.3.4	For a discretionary trust: Confirmation that the FSC will be provided with the appropriate CDD documents on beneficiaries, as and when distributions are made	
<u>10.4</u>	<u>Limited Partnership</u>	
10.4.1	Certified copy of Certificate of Registration, and Good Standing of the Limited Partnership	
10.4.2	Profile and latest audited financial statements of the Limited Partnership	
<u>10.5</u>	<u>Société</u>	
10.5.1	Certified copy of 'Statuts de Société', and Accounting Records	
10.5.2	Details of the principals	

[^] 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: