

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM

FOR

NOMINEE COMPANY

(Approval)

(Pursuant to Section 78 of the Financial Services Act 2007)

NAME OF APPLICANT

Empty text box for Name of Applicant

CONTACT DETAILS OF APPLICANT

ADDRESS :
.....
PHONE NO :
FAX NO :
EMAIL :
WEBSITE :

FOR OFFICIAL USE
Applicants Should Not Write Below This Line

Date of Application

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Date of Receipt:

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FSC Code:

FSC	F	S	3.2
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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: (✓ to confirm below)	
	Private Company <input type="checkbox"/>	
1.2	Date of Incorporation in Mauritius Incorporation No.	

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)

* *Delete as appropriate*

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

3. REGISTERED OFFICE/PLACE OF BUSINESS IN MAURITIUS

3.1	ADDRESS: PHONE /FAX : EMAIL/WEBSITE :
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7. OFFICERS (Director/ CEO/ MD/ CFO/ CFC/ General Manager/ Manager/CoSec/ Partner/ Trustee/ Compliance Officer/ MLRO/ Deputy MLRO) [as applicable]

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

8. SHAREHOLDER

	Full Name <i>(surname in block letters)</i>	Address	% Share*

* *To also specify Types and Classes of Shares*

9. ULTIMATE BENEFICIAL OWNERS [^] (if different from details provided under Section 8)

	Full Name <i>(surname in block letters)</i>	Address	Citizen of Mtius (Y/N)

[^] Means ultimate owners/beneficiaries 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)**

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Signature of Applicant/Applicant’s Representative:

.....

Date: