

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

LONG TERM INSURANCE BUSINESS *(Pursuant to Section 10 of the Insurance Act 2005)*

NAME OF APPLICANT

CONTACT DETAILS OF APPLICANT

ADDRESS :
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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	I	N	S	1.1
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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: <div style="text-align: right; margin-top: 10px;"><i>Tick as appropriate (✓)</i></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Other (please specify) <input type="checkbox"/> </div> <div style="text-align: right; margin-top: 5px;">.....</div>
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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:
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4. DIRECTORS (as applicable)

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

5. SECRETARY (as applicable)

	Full Name	Address	Contact Details <i>(Phone/Fax/Email)</i>

6. AUDITOR*

	Full Name	Address	Contact Details <i>(Phone/Fax/Email)</i>

7. ACTUARY*

	Full Name	Address	Contact Details <i>(Phone/Fax/Email)</i>

**Approval of the FSC should be obtained under Section 40 of the Insurance Act 2005.*

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

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

[^] Means ultimate owners/beneficiaries of the Applicant

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

		<i>Tick as appropriate</i>	✓
<u>11.1</u>	<u>Individual</u>		
11.1.1	Certified copy of National Identity Card / Valid Passport		
11.1.2	Bank Reference from a recognized 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		
<u>11.2</u>	<u>Company</u>		
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		
<u>11.3</u>	<u>Trust</u>		
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	
11.4	<u>Limited Partnership</u>	
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	
11.5	<u>Société</u>	
11.5.1	Certified copy of 'Statuts de Société', and Accounting Records	
11.5.2	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)**

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Signature of Applicant/Applicant's Representative:

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Date: