

# THE FINANCIAL SERVICES COMMISSION

## APPLICATION FORM FOR

### INSURANCE AGENT (COMPANY)

*(Pursuant to Section 70 of the Insurance Act 2005)*

#### 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	I	N	S	2.2	A
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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.*

**CLASS OF BUSINESS**

*Tick as appropriate (✓)*

	Long Term Insurance Business	
	General Insurance Business	

**LEGAL STATUS OF THE APPLICANT**

**1. APPLICANT'S DETAILS**

1.1	<b>APPLICANT IS/SHALL BE A:</b> <p style="text-align: right;"><i>Tick as appropriate (✓)</i></p> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....
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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)**

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

**5. SECRETARY (as applicable)**

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

**6. AUDITOR (as applicable)**

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

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

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

## 8. SUBSTANTIAL SHAREHOLDERS\* (as applicable)

*(If the shareholder is an individual please also refer to 9.1 below)*

*(If the shareholder is a corporate body please also refer to 9.2 below)*

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

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

## 9. Documents to be submitted for each Controlling Shareholder\*

		<i>Tick as appropriate</i>	✓
<b>9.1</b>	<b><u>Individual</u></b>		
9.1.1	Certified copy of National Identity Card / Valid Passport		
9.1.2	Bank Reference from a recognized banking institution which has known the person for at least the last two years		
9.1.3	Class of shares to be held by the person including the number of shares and respective amount		
<b>9.2</b>	<b><u>Company</u></b>		
9.2.1	Certified copy of Certificate of Incorporation/Registration and/or Licence		
9.2.2	Certificate of Current Standing		
9.2.3	Corporate Profile, Latest Annual Return and Audited Financial Statements		
9.2.4	Class of shares to be held by the company including the number of shares and respective amount		

*\* Controlling shareholder 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: .....**

*Note: An application made by any employee or officer of the Insurance Agent for Insurance Salesperson will not be considered.*

**DECLARATION BY APPLICANT'S INSURER**

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

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

**Name of Insurer : .....**

**Name of Authorised Representative : .....  
(BLOCK CAPITALS)**

**Signature of Authorised Representative: .....**

**Capacity of signatory: .....**

**Date: .....**