

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM

FOR

CAPTIVE INSURANCE AGENT (COMPANY)

(Pursuant to Section 9 of the Captive Insurance Act 2015)

NAME OF APPLICANT

CONTACT DETAILS OF APPLICANT

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

FOR OFFICIAL USE

Date of Application

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Date of Receipt:

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FSC Code:

FSC		C	I	2.1
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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: <p style="text-align: right;"><i>Tick as appropriate (✓)</i></p> <p>Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>
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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/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. SUBSTANTIAL SHAREHOLDERS * (as applicable)

	Full Name <i>(surname in block letters)</i>	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)

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

[^] Means ultimate owners/beneficiaries of the Applicant

10. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner [^]

		<i>Tick as appropriate</i>	✓
<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		
<u>10.2</u>	<u>Company</u>		
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)**

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Signature of Applicant/Applicant’s Representative:

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Date: