



## THE FINANCIAL SERVICES COMMISSION

### APPLICATION FORM FOR PRIVATE PENSION SCHEME (Pursuant to Sections 12 of the Private Pension Schemes Act 2012)

#### NAME OF APPLICANT

(Name of applicant should be the name of the private pension scheme)

#### CONTACT DETAILS OF APPLICANT

REGISTERED

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	P	P	S	1.3
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**Note:**

- (i) The information/documents required with 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.

## 1. APPLICANT'S DETAILS

1.1	<p><b>LEGAL FORM OF APPLICANT IS:</b>  <i>Tick as appropriate (✓)</i></p> <p>Trust                      Foundation                      Other (please specify)</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/> _____</p>
1.2	<p><b>TYPE OF ARRANGEMENT:</b>  <i>Tick as appropriate (✓)</i></p> <p>Defined Benefit (DB) <input type="checkbox"/>                      Defined Contribution (DC) <input type="checkbox"/></p> <p><i>(Includes Hybrid Scheme)</i></p>
1.3	<p><b>STATUS:</b>  <i>Tick as appropriate (✓)</i></p> <p>Open to new members <input type="checkbox"/>                      Closed to new members <input type="checkbox"/></p>
1.4	<p><b>NUMBER OF MEMBERS AS AT DATE OF APPLICATION:</b></p> <p>Active members _____</p> <p>Deferred members _____</p> <p>Pensioners _____</p> <p>Deferred pensioners _____</p> <p>Total members _____</p>

## 2. FUNDING AND CONTRIBUTION DETAILS

2.1	<p><b>FUNDING STATUS:</b>  <i>(Applicable to DB schemes only)</i></p> <p>FUNDING RATIO (%): <input type="text"/></p>
2.2	<p><b>SOURCE OF CONTRIBUTION:</b> <span style="float: right;"><i>Tick as appropriate (✓)</i></span></p> <p>Fully financed by member <input type="checkbox"/></p> <p>Fully financed by employer <input type="checkbox"/></p> <p><i>(Applicable to employer sponsored scheme)</i></p> <p>Partially financed by member/employer <input type="checkbox"/></p> <p><i>(Applicable to employer sponsored scheme)</i></p>

**3. SPONSORING EMPLOYER DETAILS (as applicable)**

<b>Tax Account Number (TAN)</b>	<b>Name of company</b>	<b>Registered Address</b>	<b>Contact Details (Phone/Fax/Email)</b>

**3A. Has the sponsoring employer established other private pension scheme(s) for the benefit of any of its employees or class of employees? (Tick as appropriate)**

Yes

No

**3B. If yes to 3A, fill in the following section.**

<b>Full Name of the scheme(s)</b>	<b>Country Set Up</b>	<b>Licensed/Regulated (Y/N)</b>

**The reason(s) for setting up of another private pension scheme:**

**4. GOVERNING BODY DETAILS**

Each member of the Governing Body shall provide the Commission with a duly completed and signed Personal Questionnaire

<b>Title</b>	<b>Full Name</b> <i>(surname in block letters)</i>	<b>Resident in Mauritius (Y/N)</b>	<b>Correspondence Address</b>	<b>Contact Details</b> <i>(Phone/Fax/Email)</i>
<b><u>CHAIRPERSON</u></b>				
<b><u>VICE-CHAIRPERSON</u></b>				
<b><u>CONTACT PERSON</u></b>				

**5. PENSION SCHEME ADMINISTRATOR OR LONG-TERM INSURER (as applicable) APPOINTED FOR ADMINISTERING THE SCHEME**

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

*In case the governing body will administer the private pension scheme, a written request for authorization including information and documents mentioned in second schedule of Private Pension Schemes (Governance) Rules 2012 must be submitted to the Commission together with this application form.*

**6. PERSONS APPOINTED FOR MANAGING THE ASSETS OF THE SCHEME  
(Investment Adviser/ Asset Manager/ CIS Manager/ Long-term insurer)**

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

**7. CUSTODIAN**

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

**8. ACTUARY**

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

**9. AUDITOR**

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

**DECLARATION BY APPLICANT**

**I certify that the information furnished in this application and additional submissions are 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.**

**Signature of members of governing body:**

\_\_\_\_\_

\_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DOCUMENTS AND INFORMATION TO ACCOMPANY APPLICATION**

**Please refer to schedule, Part 1 and Part 2 of Private Pension Schemes (Licensing and Authorisation) Rules 2012 and licensing criteria**