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| THE FINANCIAL SERVICES COMMISSION |

###### APPLICATION FORM

**FOR**

**PRIVATE PENSION SCHEME**

***(Pursuant to Section 12 of the Private Pension Schemes Act 2012)***

NAME OF APPLICANT

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

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**CONTACT DETAILS OF APPLICANT**

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| --- |
| REGISTEREDADDRESS :  PHONE NO.: FAX NO : EMAIL : WEBSITE :  |

### FOR OFFICIAL USE

Applicants Should Not Write Below This Line

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| FSC | P | P | S | 1.3 |

Date of Application

Date of Receipt:

FSC Code:

***Note:***

1. ***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.***
2. ***The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws, regulations, rules and policy guidelines.***
3. ***Additional sheet(s) may be used, if necessary, to submit the required information.***

1. APPLICANT’S DETAILS

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| --- | --- |
| 1.1 | **LEGAL FORM OF APPLICANT IS**: *Tick as appropriate(🗸)* Trust Foundation Other (please specify) |
| 1.2 | **TYPE OF ARRANGEMENT:***Tick as appropriate (🗸)***Defined Benefit (DB) Defined Contribution (DC)***(Includes Hybrid Scheme)* |
| 1.3 | **STATUS:***Tick as appropriate (🗸)***Open to new members Closed to new members** |
| 1.4 | **NUMBER OF MEMBERS AS AT DATE OF APPLICATION:**

|  |  |
| --- | --- |
| **Active members** |  |
| **Deferred members** |  |
| **Pensioners** |  |
| **Deferred pensioners** |  |
| **Total members** |  |
|  |  |

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| **2. FUNDING AND CONTRIBUTION DETAILS** |
| 2.1 | **FUNDING STATUS:***(Applicable to DB schemes only)***FUNDING RATIO (%):** |
| 2.2 | **SOURCE OF CONTRIBUTION:**  *Tick as appropriate (🗸)***Fully financed by member****Fully financed by employer*****(Applicable to employer sponsored scheme)*****Partially financed by member/employer*****(Applicable to employer sponsored scheme)*** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Tax Account Number (TAN)**  | **Name of company** | **Registered Address** | **Contact Details*****(Phone/Fax/Email)*** |
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**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.**

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| --- | --- | --- |
| **Full Name of the scheme(s)** | **Country Set Up** | **Licensed/Regulated (Y/N)** |
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 **The reason(s) for setting up of another private pension scheme:**

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**4. GOVERNING BODY DETAILS**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Full Name** ***(surname in block letters)*** | **Resident in Mauritius****(Y/N)** | **Correspondence Address**  | **Contact Details*****(Phone/Fax/Email)*** |
| **CHAIRPERSON** |  |  |  |  |
| **VICE-CHAIRPERSON** |  |  |  |  |
| **CONTACT PERSON** |  |  |  |  |
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**5. PENSION SCHEME ADMINISTRATOR OR LONG-TERM INSURER (as applicable) APPOINTED FOR ADMINISTERING THE SCHEME**

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| --- | --- | --- |
| **Full Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
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***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)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Licensed Activity** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
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**7. CUSTODIAN**

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| --- | --- | --- |
| **Full Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
|  |  |  |

**8. ACTUARY**

|  |  |  |
| --- | --- | --- |
|  **Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
|  |  |  |

**9. AUDITOR**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
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**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:**

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| **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** |