

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

PRIVATE PENSION SCHEME

(Pursuant to Sections 10 of the Private Pension Schemes Act 2012)

NAME OF APPLICATION (Name of applicant should	ANT be the name of the private pension scheme)
CONTACT DETAIL	S OF APPLICANT
REGISTERED ADDRESS :	
PHONE NO. :	
FAX NO :	
EMAIL :	
WEBSITE :	
А	FOR OFFICIAL USE pplicants Should Not Write Below This Line
Date of Application	
Date of Receipt:	
FSC Code:	FSC P S 1.2
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 **LEGAL FORM OF APPLICANT IS:** *Tick as appropriate*(\checkmark) Trust Foundation Other (please specify) 1.2 TYPE OF ARRANGEMENT: Tick as appropriate (\checkmark) **Defined Benefit (DB) Defined Contribution (DC)** (Includes Hybrid Scheme) 1.3 **STATUS:** Tick as appropriate (\checkmark) Open to new members **Closed to new members** NUMBER OF MEMBERS AS AT DATE OF APPLICATION: 1.4 **Active members Deferred members Pensioners Deferred pensioners Total members** 2. FUNDING AND CONTRIBUTION DETAILS 2.1 **FUNDING STATUS:** (Applicable to DB schemes only) **FUNDING RATIO (%): SOURCE OF CONTRIBUTION:** 2.2 *Tick as appropriate* (\checkmark) 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 (a	as applicable))
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Tax Account Number (TAN)	Name of company	Registered Address	Contact Details (Phone/Fax/Email)
		blished other private pension class of employees? (<i>Tick as a</i>	
B. If yes to 3	3A, fill in the following se	ection.	
•		Country Set Up	Licensed/Regulated (Y/N)
•			Licensed/Regulated (Y/N)
Full Name of the	e scheme(s)		
Full Name of the	e scheme(s)	Country Set Up	
Full Name of the	e scheme(s)	Country Set Up	

DECLARATION BY AGENT

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 agent:				
Full Name:				
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