

# THE FINANCIAL SERVICES COMMISSION

# **APPLICATION FORM FOR**

### PRIVATE PENSION SCHEME

(Pursuant to Sections 9 of the Private Pension Schemes Act 2012)

regulations, rules and policy guidelines.

(iii) Additional sheet(s) may be used, if necessary, to submit the required information.

NAME OF APPLICA (Name of applicant should	ANT  be the name of the private pension scheme)
CONTACT DETAIL	LS 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 1.1
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.

The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws,

# 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.	<b>SPONSORING</b>	<b>EMPLOYER</b>	DETAILS	(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 ap</i>	
benent	Yes Yes	No	
3B. If yes to	3A, fill in the following se		
ll Name of the scl	neme(s)	Country Set Up	Licensed/Regulated (Y/N)
The rea	son(s) for setting up of and	other 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

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

<b>5.</b>	PENSION SCHEME ADMINISTRATOR OR LONG-TERM INSURER (as
	applicable) APPOINTED FOR ADMINISTERING THE SCHEME

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)

#### 7. CUSTODIAN

Full Name	Address	Contact Details (Phone/Fax/Email)

#### 8. ACTUARY

Name	Address	Contact Details
		(Phone/Fax/Email)

0	AUDITOD
9.	AUDITOR

Name	Address	Contact Details (Phone/Fax/Email)

## **DECLARATION BY APPLICANT**

•	nished in this application and additional ct to the best of my knowledge and belief.
I also undertake to notify the Finan change in information/documents su	icial Services Commission of any material abmitted with respect to the above.
Signature of members of governing	body:
Full Name:	Full Name:

## 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