

1. APPLICANT'S DETAILS

1.1	<p>LEGAL FORM OF APPLICANT IS: <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>TYPE OF ARRANGEMENT: <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>STATUS: <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>NUMBER OF MEMBERS AS AT DATE OF APPLICATION:</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>FUNDING STATUS: <i>(Applicable to DB schemes only)</i></p> <p>FUNDING RATIO (%): <input type="text"/></p>
2.2	<p>SOURCE OF CONTRIBUTION: <i>Tick as appropriate (✓)</i></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)

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

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.

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

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

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

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

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

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)

9. AUDITOR

Name	Address	Contact Details (Phone/Fax/Email)

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