## THE FINANCIAL SERVICES COMMISSION

# **APPLICATION FORM**

### **FOR**

## **SUCCESSOR TO ENFORCER (COMPANY)**

(Purpose trust created by a Mauritian national only) (Pursuant to Section 19 of the Trust Act 2001)

#### NAME OF APPLICANT

| CONTACT DETAIL      | LS OF APPLICANT   |
|---------------------|---|
| 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 T A C 1.3   |

#### Note:

- (i) The information/documents required vide 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.

<u>LEGAL STATUS OF THE APPLICANT</u>

#### APPLICANT'S DETAILS 1.

| 1.1 | APPLICANT IS/SHALL BE A:   |   |
|-----|--|---|
|     |  | Tick as appropriate (✓)                   |
|     | Public Company Private Company   | Other (please specify)                    |
| 2.  | CAPITAL STRUCTURE (as applicable)  |   |
| 2.1 | Share Capital (at par value/at no par value) *                               |   |
|     | Stated Capital   |   |
|     | Amount to be represented at no par value                                     |   |
| 2.2 | Types and Classes of Shares (Specify whether issued and fully paid)          | Number of Shares Amount <sup>^</sup> (Rs) |
|     | (Specify whether issued and runy pand)                                       |   |
|     |  |   |
|     |  |   |
|     |  |   |
|     |  |   |
|     |  |   |
| * D | elete as appropriate   |   |
| D   | erere as appropriate<br>o specify, if denominated in a currency other than M | lauritian rupees                          |
| 3.  | REGISTERED OFFICE/PLACE OF BUSINI  | ESS IN MAURITIUS                          |
| 3.1 | ADDRESS:   |   |
|     |  |   |
|     |  |   |
|     | PHONE /FAX :   |   |
|     | EMAIL/WEBSITE :  |   |
|     |  |   |

| 4. | DIRECTORS ( | as ap | plicable) | ) |
|----|-------------|-------|-----------|---|
|----|-------------|-------|-----------|---|

| Full Name                  | Citizen of Mtius | Contact Details   |
|----------------------------|------------------|-------------------|
| (surname in block letters) | (Y/N)            | (Phone/Fax/Email) |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |

# **5. SECRETARY** (as applicable)

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

## **6. AUDITOR** (as applicable)

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

# 7. OFFICERS (Director/ CEO/ MD/ CFO/ CFC/ General Manager/ Manager/CoSec/ Partner/ Trustee/ Compliance Officer/ MLRO/ Deputy MLRO) [as applicable]

| Full Name & Position       | Citizen of Mtius | Contact Details   |
|----------------------------|------------------|-------------------|
| (surname in block letters) | (Y/N)            | (Phone/Fax/Email) |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |
|                            |                  |                   |

# 8. SUBSTANTIAL SHAREHOLDERS \* (as applicable)

| Full Name (surname in block letters) | Address | Citizen of Mtius (Y/N) | % Share** |
|--------------------------------------|---------|------------------------|-----------|
|                                      |         |                        |           |
|                                      |         |                        |           |
|                                      |         |                        |           |
|                                      |         |                        |           |
|                                      |         |                        |           |
|                                      |         |                        |           |
|                                      |         |                        |           |
|                                      |         |                        |           |

<sup>\*</sup> As defined under Section 2 of the Companies Act 2001; \*\* To also specify Types and Classes of Shares

# 9. **ULTIMATE BENEFICIAL OWNERS** (if different from details provided under Section 8)

| Full Name                  | Address | Citizen of  |
|----------------------------|---------|-------------|
| (surname in block letters) |         | Mtius (Y/N) |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |
|                            |         |             |

Means ultimate owners/beneficiaries of the Applicant

# 10. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner ^

|             | Tick as appropriate   | <b>√</b> |
|-------------|---|----------|
| <u>10.1</u> | <u>Individual</u>   |          |
| 10.1.1      | Certified copy of National Identity Card / Valid Passport   |          |
| 10.1.2      | Bank Reference from a recognized banking institution which has known the person for at least the last two years |          |
| 10.1.3      | Class of shares to be held by the person including the number of shares and respective amount                   |          |
| <u>10.2</u> | Company   |          |
| 10.2.1      | Certified copy of Certificate of Incorporation/Registration and/or Licence                                      |          |
| 10.2.2      | Certificate of Current Standing   |          |
| 10.2.3      | Corporate Profile, Latest Annual Return and Audited Financial Statements  |          |
| 10.2.4      | Class of shares to be held by the company including the number of shares and respective amount                  |          |
| <u>10.3</u> | <u>Trust</u>  |          |
| 10.3.1      | Certified copy of Trust Deed  |          |
| 10.3.2      | An indication of assets value held by the trust   |          |

| 10.3.3      | Profile of the settlor/contributor, trustee and beneficiaries of the trust  |  |
|-------------|---|--|
| 10.3.4      | For a discretionary trust: Confirmation that the FSC will be provided with the appropriate CDD documents on beneficiaries, as and when distributions are made |  |
| <u>10.4</u> | <u>Limited Partnership</u>  |  |
| 10.4.1      | Certified copy of Certificate of Registration, and Good Standing of the Limited Partnership   |  |
| 10.4.2      | Profile and latest audited financial statements of the Limited Partnership  |  |
| <u>10.5</u> | <u>Société</u>  |  |
| 10.5.1      | Certified copy of 'Statuts de Société', and Accounting Records  |  |
| 10.5.2      | Details of the principals   |  |

<sup>^</sup> Controlling shareholder and ultimate beneficial owner refers to any person/entity who/which is entitled to exercise or control the exercise, either directly or indirectly, of 20 per cent or more of the voting power of the Applicant.

## **DECLARATION BY APPLICANT/APPLICANT'S REPRESENTATIVE**

| I certify that the information furnished in this application and additional submission, as required in Annex hereto, is 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.                                    |
| Name of Applicant/Applicant's Representative (BLOCK CAPITALS)  |
| Signature of Applicant/Applicant's Representative:   |
| Da4a.  |
| Date:  |