

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

ENFORCER (INDIVIDUAL)

(Purpose trust created by a Mauritian national only)
(Pursuant to Section 19 and 21 of the Trust Act 2001)

NAME OF APPLICANT

Surname:	Name:
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CONTACT DETAILS OF APPLICANT

ADDRESS :
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PHONE NO :
FAX NO :
EMAIL :
WEBSITE :

FOR OFFICIAL USE
Applicants Should Not Write Below This Line

Date of Application

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Date of Receipt:

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FSC Code:

FSC	T	A	C	1.2
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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.

LEGAL STATUS

1. APPLICANT'S DETAILS

1.1	PROPOSED ENFORCER IS A: <i>(Tick as appropriate (✓))</i> Male <input type="checkbox"/> Female <input type="checkbox"/> ★ ★ Please indicate maiden name where applicable:
1.2	AGE
1.3	NATIONAL ID/PASSPORT NO.

2. PLACE OF BUSINESS IN MAURITIUS

2.1	ADDRESS: PHONE /FAX /EMAIL:
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DECLARATION BY APPLICANT

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 :
(BLOCK CAPITALS)

Signature of Applicant:

Date: