

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

QUALIFIED TRUSTEE (INDIVIDUAL) *(Pursuant to Section 2 of the Trust Act 2001)*

NAME OF APPLICANT

Surname:	Name:
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CONTACT DETAILS OF APPLICANT

ADDRESS :

PHONE NO :

FAX NO :

EMAIL :

WEBSITE :

FOR OFFICIAL USE
Applicants Should Not Write Below This Line

Date of Application	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td><td>0</td><td></td><td></td></tr></table>					2	0		
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FSC	T	A	C	1.1					

- 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 QUALIFIED TRUSTEE 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

<p>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.</p> <p>I also undertake to notify the Financial Services Commission of any material change in information/documents submitted with respect to the above.</p> <p>Name of Applicant : (BLOCK CAPITALS)</p> <p>Signature of Applicant:</p> <p>Date:</p>
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