 **SUBMISSION FORM**

**Online Data Capture System**

Date: Click here to enter a date.

1. Licensee Name:
2. **Licence No, FSC Code & Activity**

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| **Licence No.** | **FSC Code** | **Activity** |
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1. **Reporting Entity Relationship with Licensee**

1. Period: Click here to enter a date. To Click here to enter a date.
2. Number of pages attached:     Pages *(excluding this page)*
3. Declaration

I, the undersigned, hereby declare that the documents attached to this Submission Sheet are true copies of the originals and I agree to submit originals to the Financial Services Commission upon request

Signature: ……………………………..

Responsible Officer:

Position:

Contact No.:

Email Address: