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| **THE FINANCIAL SERVICES COMMISSION** |

**APPLICATION FORM**

 **FOR**

 **OVERSEAS FAMILY OFFICE (MULTIPLE) LICENCE**

 ***(As may be approved pursuant to Section 16 of the Financial Services Act 2007)***

**NAME OF APPLICANT**

|  |
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|  |

**CONTACT DETAILS OF APPLICANT**

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| --- |
| ADDRESS : ………………………………..…………………………………………………… PHONE NO : ……………………………………..……………………………………………… FAX NO : ……………………………………..………………………………………………EMAIL : ……………………………………..……………………………………………… WEBSITE : ……………………………………..……………………………………………… |

### FOR OFFICIAL USE

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Date of Application

Date of Receipt:

FSC Code:

***Note:***

1. ***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.***
2. ***The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws, regulations, rules and policy guidelines.***
3. ***Additional sheet(s) may be used, if necessary, to submit the required information***

**LEGAL STATUS OF THE APPLICANT**

**1. APPLICANT’S DETAILS**

|  |  |
| --- | --- |
| 1.1 | **APPLICANT IS/SHALL BE A**: *Tick as appropriate (🗸)* **Private Company Other (please specify) ……………………..**      |

**2. ACTIVITY**

|  |
| --- |
| (Please specify type of activity and code) |
| …………………………………………………………………………………………………………. |

**3. CAPITAL STRUCTURE (as applicable)**

|  |  |
| --- | --- |
| 3.1 | Share Capital (at par value/at no par value) **\*\***Stated Capital ………………..….. Amount to be represented at no par value …………..……….. |
| 3.2 | Types and Classes of Shares(specify whether issued and fully-paid) | Number of Shares | Amount^ (Rs) |
|  | …………………………………………………..………………………………………………….…………………………………………………..…………………………………………………..………………………………………………….. | ………………….………………….………………….………………….…………………. | …………………………………………………………………………………………………………………………………… |

\*\* *Delete as appropriate*

^ *To specify, if denominated in a currency other than Mauritian rupees*

**4. REGISTERED OFFICE/PLACE OF BUSINESS IN MAURITIUS**

|  |  |
| --- | --- |
| 4.1 | ADDRESS: ….…………………...……..…………………….……..…….………………………..………………..……………………………....………………………..….…………………………………………..……………………………....………………………..….………………………… PHONE /FAX /EMAIL: …….………………………………..…………….………………………  |

**5. DIRECTORS (as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** ***(surname in block letters)*** | **Citizen of Mtius (Y/N)** | **Contact Details*****(Phone/Fax/Email)*** |
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**6. PROMOTER/SHAREHOLDER/BENEFICIAL OWNER\* (as applicable)**

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| --- | --- | --- | --- | --- |
|  | **Full Name*****(surname in block letters)*** | **Address** | **Citizen of Mtius (Y/N)** | **% Share\*\*** |
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***\**** *As defined under Section 2 of the Companies Act 2001;* ***\*\**** *To also specify Types and Classes of Shares*

**7. SECRETARY (as applicable)**

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

**8. AUDITOR**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
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**9. DETAILS ON THE PERSONS WHO WILL BE INVOLVED IN THE MANAGEMENT OF THE FAMILY BUSINESS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name & Position*****(surname in block letters)*** | **Citizen of Mtius (Y/N)** | **Contact Details*****(Phone/Fax/Email)*** |
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**10. DETAILS ON THE FAMILY/ FAMILY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name & Position*****(surname in block letters)*** | **Address** | **Contact Details*****(Phone/Fax/Email)*** |
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 **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:**

**…………….……………………………………..……**

**Date: .….…………..……**