

# 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

#### CONTACT DETAILS OF APPLICANT

ADDRESS : .....

PHONE NO : .....

FAX NO : .....

EMAIL : .....

WEBSITE : .....

#### FOR OFFICIAL USE

Date of Application

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Date of Receipt:

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FSC Code:

FSC	F	S	1.8
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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 OF THE APPLICANT**

**1. APPLICANT'S DETAILS**

1.1	<p><b>APPLICANT IS/SHALL BE A:</b></p> <p align="right"><i>Tick as appropriate (✓)</i></p> <p style="text-align: center;"> <b>Private Company</b> <input type="checkbox"/>                      <b>Other (please specify)</b> <input type="checkbox"/> .....             </p>
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**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)



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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)**

	<b>Full Name</b>	<b>Address</b>	<b>Contact Details (Phone/Fax/Email)</b>

**8. AUDITOR**

	<b>Full Name</b>	<b>Address</b>	<b>Contact Details (Phone/Fax/Email)</b>

**9. DETAILS ON THE PERSONS WHO WILL BE INVOLVED IN THE MANAGEMENT OF THE FAMILY BUSINESS**

	<b>Full Name &amp; Position (surname in block letters)</b>	<b>Citizen of Mtius (Y/N)</b>	<b>Contact Details (Phone/Fax/Email)</b>

**10. DETAILS ON THE FAMILY/ FAMILY MEMBERS**

	<b>Full Name &amp; Position (surname in block letters)</b>	<b>Address</b>	<b>Contact Details (Phone/Fax/Email)</b>


**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)**

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**Signature of Applicant/Applicant’s Representative:**

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**Date: .....**