

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM

FOR

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

	Full Name	Address	Contact Details (Phone/Fax/Email)

8. AUDITOR

	Full Name	Address	Contact Details (Phone/Fax/Email)

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)

10. DETAILS ON THE FAMILY/ FAMILY MEMBERS

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

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: