

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

PAYMENT INTERMEDIARY SERVICES LICENCE

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

NAME OF APPLICANT

CONTACT DETAILS OF APPLICANT

NAME
ADDRESS
PHONE NUMBER
FAX NUMBER :
E-MAIL ADDRESS :
CONTACT PERSON(S):
E-MAIL ADDRESS (DIRECTOR)

FOR OFFICIAL USE
Do Not Write Below This Line

Date of Application:

Date of Receipt:

FSC Code:

				2	0		
				2	0		
FSC	F	S		2.9			

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.
- (iv) The FSC shall request the views of the Bank of Mauritius before the grant of the Payment Intermediary Services Licence.

LEGAL STATUS OF THE APPLICANT

1. APPLICANT'S DETAILS

1.1	APPLICANT IS/SHALL BE A: <div style="text-align: right; margin-top: 10px;"><i>Tick as appropriate (✓)</i></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">Public Company <input type="checkbox"/></div> <div style="text-align: center;">Private Company <input type="checkbox"/></div> <div style="text-align: center;">Other (please specify) <input type="checkbox"/></div> </div>
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2. ACTIVITY

Please specify type of activity and code
<p>.....</p> <p>.....</p>

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)
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

** 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 <i>(surname in block letters)</i>	Citizen of Mtius (Y/N)	Contact Details <i>(Phone/Fax/Email)</i>

6. SECRETARY (as applicable)

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

7. AUDITOR

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

8. OFFICERS (Director/ CEO/ MD/ CFO/ CFC/ General Manager/ Manager/CoSec/ Partner/ Trustee/ Compliance Officer/ MLRO/ Deputy MLRO) [as applicable]

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

9. SUBSTANTIAL SHAREHOLDERS * (as applicable)

	Full Name <i>(surname in block letters)</i>	Address	Citizen of Mtius (Y/N)	% Share**

** As defined under Section 2 of the Companies Act 2001; ** To also specify Types and Classes of Shares*

10. BENEFICIAL OWNERS* (if different from details provided under Section 9)

	Full Name <i>(surname in block letters)</i>	Address	Citizen of Mtius (Y/N)

** Means the ultimate owners/beneficiaries of the Applicant*

11. Documents to be submitted for each Shareholder and Beneficial Owner

		<i>Tick as appropriate</i>	✓
<u>11.1</u>	<u>Individual</u>		
11.1.1	Signed CV.		
11.1.2	Valid passport copy.		
11.1.3	Proof of address [E.g. A recent utility bill issued or a recent bank or credit card statement or a recent bank reference (Bank reference must not be older than 6 months)].		
<u>11.2</u>	<u>Company</u>		
11.2.1	Certificate of Incorporation/Certificate of Good Standing.		
11.2.2	List of controlling shareholders and directors.		
11.2.3	a. Latest audited financial statements; b. Corporate Profile - in case latest audited accounts are not available (e.g. Name of entity-partnership/Date of formation/Country of formation/Registered Address/Issued Capital, and Committed Capital if higher/controlling shareholders-members/directors-managing principals/business activity/financial highlights[dd/mm/yy]-total assets-total liabilities).		
<u>11.3</u>	<u>Trust</u>		
11.3.1	Name of the trust, its date and place of registration.		
11.3.2	An indication of the value of assets held by the trust.		
11.3.3	a. CDD documents on the settlor/contributor and the trustee ; b. CDD documents on the beneficiaries, or confirmation from the Management Company that it holds on records comfort on the beneficiaries, that has been obtained from a recognised source.		
11.3.4	For a discretionary trust, a written confirmation from the Management Company to the effect that it has adequate arrangements in place with the trustee of the trust to make available to the Management Company, CDD documents on the beneficiaries at the time of distributions to beneficiaries of the trust and that it is comfortable that these arrangements will enable it to satisfy its obligation under Section 4.1 of the Code on Prevention of Money Laundering and Terrorist Financing.		
<u>11.4</u>	<u>Limited Partnership</u>		
11.4.1	Certificate of Registration/Establishment/Good Standing of the Limited Partnership and its General Partner.		
11.4.2	a. Latest audited financial statements of the Limited Partnership and its General Partner; b. Corporate profile – in case latest audited accounts are not available.		
	Confirmation from the Management Company to the effect that it holds on records CDD documents on the significant Limited Partners of the Limited Partnership and that these will be made available to the Commission upon request.		
<u>11.5</u>	<u>Société</u>		
11.5.1	Profile of the Société (including a copy of the acte de société).		
11.5.2	Details and comfort on the principals, administrators or gérants of the société.		

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: