## THE FINANCIAL SERVICES COMMISSION

# APPLICATION FORM FOR TODY SERVICES (DIGITAL ASS

## **CUSTODY SERVICES (DIGITAL ASSET)**

(Pursuant to Section 14 of the Financial Services Act 2007)

NAME OF APPLICANT					
CONTACT DETAIL	CONTACT DETAILS OF APPLICANT				
ADDRESS :					
PHONE NO:					
FAX NO :					
EMAIL :					
WEBSITE :					
А	FOR OFFICIAL USE pplicants Should Not Write Below This Line				
Date of Application					
Date of Receipt:					
FSC Code:	FSC F S 1.14				

#### 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.

# <u>LEGAL STATUS OF THE APPLICANT</u>

## 1. APPLICANT'S DETAILS

1.1	APPLICANT IS/SHALL BE A:  Public Company Private Company		Tick as appropriate (✓)  ase specify)
2.	CAPITAL STRUCTURE (as applicable)		
2.1	Stated Capital		
2.2	Types and Classes of Shares (Specify whether issued and fully paid)	Number of Shares	Amount <sup>1</sup> (MUR.)

<sup>&</sup>lt;sup>1</sup> To specify, if denominated in a currency other than Mauritian rupees

3.	REGISTERED OFFICE/PLAC	E OF BUSINESS	S IN MAURITIUS
3.1			
			· · · · · · · · · · · · · · · · · · ·
	PHONE /FAX:		
	EMAIL/WEBSITE :		
4.	DIRECTORS (as applicable)		
	Full Name (surname in block letters)	Citizen of Mtius (Y/N)	Contact Details (Phone/Fax/Email)

6.	AUDITOR					
	Full Nar	ne		Address		Contact Details (Phone/Fax/Email)
7.	AUDITING OF	SYSTEMS AN	ND PROCES	SSES		
	Details of systems and processes to be audited	Full Na	nme	Addres	SS	Contact Details (Phone/Fax/Email)
3.	Partner/ Truste applicable]  Full Name &	e/ Compliance Position	e Officer/ N Citizen	1LRO/ Deput	y MLRO	nager/ Manager/Co- D/Designated Officer)
	(surname in blo	ock letters)	(Y	/N)	( <i>P</i>	hone/Fax/Email)

Address

Contact Details (Phone/Fax/Email)

**SECRETARY** (as applicable)

Full Name

5.

). 	SUBSTANTIAL SHAREHOI  Full Name	LDERS <sup>2</sup> (as applicable)  Address	Citizen of	% Shows <sup>3</sup>
). 			Citizen of Mtius (Y/N)	% Share <sup>3</sup>

#### **ULTIMATE BENEFICIAL OWNERS<sup>4</sup>** (If different from details provided under Section 8) **10.**

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

 <sup>&</sup>lt;sup>2</sup> As defined under Section 2 of the Companies Act 2001
 <sup>3</sup> To also specify Types and Classes of Shares
 <sup>4</sup> Means ultimate owner of the Company.

#### 11. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner<sup>5</sup>

	Tick as appropriate	<b>√</b>
<u>11.1</u>	<u>Individual</u>	
11.1.1	Certified copy of National Identity Card / Valid Passport	
11.1.2	Bank Reference from a recognized banking institution which has known the person for at least the last two years	
11.1.3	Class of shares to be held by the person including the number of shares and respective amount	
<u>11.2</u>	Company	
11.2.1	Certified copy of Certificate of Incorporation/Registration and/or Licence	
11.2.2	Certificate of Current Standing	
11.2.3	Corporate Profile, Latest Annual Return and Audited Financial Statements	
11.2.4	Class of shares to be held by the company including the number of shares and respective amount	
<u>11.3</u>	<u>Trust</u>	
11.3.1	Certified copy of Trust Deed	
11.3.2	An indication of assets value held by the trust	
11.3.3	Profile of the settlor/contributor, trustee and beneficiaries of the trust	
11.3.4	For a discretionary trust: Confirmation that the FSC will be provided with the appropriate CDD documents on beneficiaries, as and when distributions are made	

<sup>&</sup>lt;sup>5</sup> Controlling shareholder and ultimate beneficial owner refers to any person/entity who/which is entitled to exercise or control the exercise, either directly or indirectly, of 20 per cent or more of the voting power of the Applicant.

<u>11.4</u>	<u>Limited Partnership</u>	
11.4.1	Certified copy of Certificate of Registration, and Good Standing of the Limited Partnership	
11.4.2	Profile and latest audited financial statements of the Limited Partnership	
<u>11.5</u>	<u>Société</u>	
11.5 11.5.1	Société  Certified copy of 'Statuts de Société', and Accounting Records	

# **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: