

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR

PEER TO PEER LENDING LICENCE

(To act as a P2P Operator pursuant to Section 16 of the Financial Services Act 2007)

FULL NAME OF APPLICANT

CONTACT DETAILS OF APPLICANT

ADDRESS:

PHONE NO:

FAX NO:

EMAIL:

WEBSITE:

FOR OFFICIAL USE

Date of Application

D	D	M	M	Y	Y	Y	Y
				2	0		
				2	0		

Date of Receipt:

FSC Code:

FSC	F	S	1.17
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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) *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: <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;"> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> </div>
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2. ACTIVITY

(Please specify type of activity)
<p>.....</p> <p>.....</p> <p>.....</p>

3. CAPITAL STRUCTURE

3.1	Share Capital (at par value/at no par value) ¹ 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 ² (MUR)
	<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>

¹ Delete as appropriate

² To specify, if denominated in a currency other than Mauritian rupees (“MUR”)

4. REGISTERED OFFICE/PLACE OF BUSINESS IN MAURITIUS

4.1	Address: Phone: Fax: Email:
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5. DIRECTORS

SN	Full Name <i>(surname in block letters)</i>	Citizen of Mauritius (Y/N) ³	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>

³ Yes ("Y")/No ("N")

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

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

9. SUBSTANTIAL SHAREHOLDER(S)⁴ (as applicable)

SN	Full Name <i>(surname in block letters)</i>	Address	Citizen of Mauritius (Y/N)	% Share⁵

10. ULTIMATE BENEFICIAL OWNERS⁶ (if different from details provided under Section 9)

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

⁴ As defined under Section 2 of the Companies Act 2001

⁵ To also specify Types and Classes of Shares

⁶ In accordance with the FSC's Code on the Prevention of Money Laundering & Terrorist Financing

11. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner ⁷

		<i>Tick as appropriate</i>	✓
<u>11.1</u>	<u>Individual</u>		
11.1.1	Certified copy of National Identity Card / Valid Passport		
11.1.2	Recent Bank Reference from a recognised 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>	<u>Company</u>		
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		
11.2.4	Latest Annual Return and /or Audited Financial Statements		
11.2.5	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		

⁷ 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

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	
11.3.5	Class of shares to be held by the trust including the number of shares and respective amount	
<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	
11.4.3	Class of shares to be held by the limited partnership including the number of shares and respective amount	
<u>11.5</u>	<u>Société</u>	
11.5.1	Certified copy of ' <i>Statuts de Société</i> ', and Accounting Records	
11.5.2	Details of the <i>associés</i>	
11.5.3	Class of shares to be held by the <i>société</i> including the number of shares and respective amount	

DECLARATION BY APPLICANT/APPLICANT'S REPRESENTATIVE

I certify that the information provided 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:.....