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| **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**

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**CONTACT DETAILS OF APPLICANT**

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| --- |
| ADDRESS: ………………………………..……………………………………………………    PHONE NO: …………………………………..………………………………………………  FAX NO: …………………………………..………………………………………………  EMAIL: ……………………………………..………………………………………………  WEBSITE: ……………………………………..……………………………………………… |

### FOR OFFICIAL USE

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| FSC | F | S | 1.17 |

Date of Application

Date of Receipt:

FSC Code:

***Note:***

1. ***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.***
2. ***Additional sheet(s) may be used, if necessary, to submit the required information***

**LEGAL STATUS OF THE APPLICANT**

**1. APPLICANT’S DETAILS**

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| --- | --- |
| 1.1 | **APPLICANT IS/SHALL BE A**:  *Tick as appropriate (🗸)*    Public CompanyPrivate Company |

**2. ACTIVITY**

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| (Please specify type of activity) |
| ………………………………………………………………………………………………………….  ………………………………………………………………………………………………………….  …………………………………………………………………………………………………………. |

**3. CAPITAL STRUCTURE**

|  |  |  |  |
| --- | --- | --- | --- |
| 3.1 | Share Capital (at par value/at no par value) [[1]](#footnote-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]](#footnote-2) (MUR) |
|  |  |  |  |
|  | …………………………………………………..  ………………………………………………….  …………………………………………………..  …………………………………………………..  ………………………………………………….. | ………………….  ………………….  ………………….  ………………….  …………………. | …………………………  …………………………  …………………………  …………………………  …………………………. |

**4. REGISTERED OFFICE/PLACE OF BUSINESS IN MAURITIUS**

|  |  |
| --- | --- |
| 4.1 | Address: ….…………………...……..…………………….……..…….………………………..  ………………..……………………………....………………………..….…………………………  ………………..……………………………....………………………..….…………………………    Phone: ……………………………………………………………………………………  Fax: ………………………………………………………………………………………  Email: …….………………………………..…………….…………………………….. |

**5. DIRECTORS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Full Name**  ***(surname in block letters)*** | **Citizen of Mauritius (Y/N)**[[3]](#footnote-3) | **Contact Details**  ***(Phone, Fax & Email)*** |
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**6. SECRETARY (as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Address** | **Contact Details**  ***(Phone, Fax & Email)*** |
|  |  |  |  |

**7. AUDITOR**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Address** | **Contact Details**  ***(Phone, Fax & Email)*** |
|  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Full Name & Position**  ***(surname in block letters)*** | **Citizen of Mauritius (Y/N)** | **Contact Details**  ***(Phone, Fax &Email)*** |
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**9. SUBSTANTIAL SHAREHOLDER(S)[[4]](#footnote-4) (as applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Full Name**  ***(surname in block letters)*** | **Address** | **Citizen of Mauritius (Y/N)** | **% Share[[5]](#footnote-5)** |
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**10. ULTIMATE BENEFICIAL OWNERS [[6]](#footnote-6)***(if different from details provided under Section 9)*

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Full Name**  ***(surname in block letters)*** | **Address** | **Citizen of Mauritius (Y/N)** |
|  |  |  |  |
|  |  |  |  |
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**11. Documents to be submitted for each Controlling Shareholder and Ultimate Beneficial Owner [[7]](#footnote-7)**

|  |  |  |
| --- | --- | --- |
|  | ***Tick as appropriate*** | ***🗸*** |
| **11.1** | **Individual** |  |
| 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 |  |
| **11.2** | **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 |  |
| 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 |  |
| **11.3** | **Trust** |  |
| 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 |  |
| 11.3.5 | Class of shares to be held by the trust including the number of shares and respective amount |  |
| **11.4** | **Limited Partnership** |  |
| 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 |  |
| **11.5** | **Société** |  |
| 11.5.1 | Certified copy of ‘*Statuts de Société’*, and Accounting Records |  |
| 11.5.2 | Details of the *associés* |  |
| 11.5.3 | Class of shares to be held by the *société* including the number of shares and respective amount |  |

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| **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)**  **……………………………………………………………………….………**  **Signature of Applicant/Applicant’s Representative:**  **…………….……………………………………..……**  **Date:.….…………..……** |

1. *Delete as appropriate* [↑](#footnote-ref-1)
2. *To specify, if denominated in a currency other than Mauritian rupees (“MUR”)* [↑](#footnote-ref-2)
3. Yes (“Y”)/No (“N”) [↑](#footnote-ref-3)
4. *As defined under Section 2 of the Companies Act 2001* [↑](#footnote-ref-4)
5. *To also specify Types and Classes of Shares* [↑](#footnote-ref-5)
6. *In accordance with the FSC’s Code on the Prevention of Money Laundering & Terrorist Financing* [↑](#footnote-ref-6)
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* [↑](#footnote-ref-7)