Government Notice No. 266 of 2020

FINANCIAL SERVICES ACT

FSC Rules made by the Financial Services Commission under section 93 of the Financial Services Act 2007

1. Citation

These Rules may be cited as the Financial Services (Consolidated Licensing and Fees) (Amendment No. 4) Rules 2020.

2. Interpretation

In these Rules -

"principal rules" means the Financial Services (Consolidated Licensing and Fees) Rules 2008.

3. Third Schedule of the Principle rules amended

The Third Schedule to the principal rules is deleted and replaced with the Schedule to these Rules.

4. Commencement

These Rules shall come into operation on 1 November 2020.

Made by the Financial Services Commission on 24 October 2020.

876

SCHEDULE

(Rule 3)

Third Schedule

(Rules 2, 6 and 7)

PERSONAL QUESTIONNAIRE

Section 1: Applicant

1. Name of Applicant¹:

Section 2: Personal Details

2. Full Name of Respondent²:

Title (Mr. /Mrs. /Ms., etc.):

Surname:

Forename:

Maiden name (*if applicable*): Other name(s) or aliases used (*if any*):

3. Capacity in which the Respondent is completing this questionnaire:

4. Previous name(s) by which you have been known (if any):

5. Date of Birth (dd/mm/yyyy):

6. Place of birth:

Town State Country

Country

7. Nationality, and how it was acquired (e.g. Birth, Naturalisation, Marriage):

(If you hold more than one Nationality, please provide details for all Nationalities currently or previously held)

8. Passport/ Identity Card Number

¹Applicant means the Company that has applied to the FSC for a Licence and in whose name (if the application is successful) the Licence will be issued. "Applicant" should not be interpreted to mean "Promoter" (the original shareholder) or an existing Management Company (which is merely an agent of the Applicant) who may submit the application on behalf of the Applicant.

²Respondent means the person submitting the Personal Questionnaire to the FSC in connection with the Applicant or Licensee.

9. Current residential address (with	relevant dates):		
Address Line 1 (Street Address):	relevant dales).		
Address Line 2 (Apartment, suite, unit, building, floor, etc.):			
City:	it, ounung, noon, ete.)		
State/Province/Region:			
Zip/Postal:			
Country:			
Dates at this Address: (mm/yyyy)	From	То	
10. Previous residential addresses d	luring the last ten yea	ars (with relevant dates):	
Previous address 1.			
Address Line 1 (Street Address):			
Address Line 2 (Apartment, suite, un	it, building, floor, etc.)	:	
City:			
State/Province/Region:			
Zip/Postal:			
Country:	_	_	
Dates at this Address: (mm/yyyy)	From	То	
Previous residential address 2:			
Address Line 1 (Street Address):			
Address Line 2 (Apartment, suite, un	it, building, floor, etc.)	:	
City:			
State/Province/Region:			
Zip/Postal:			
Country:			
Dates at this Address: (mm/yyyy)	From	То	
Previous residential address 3:			
Address Line 1 (Street Address):			
Address Line 2 (Apartment, suite, un	it, building, floor, etc.)	:	
City:			
State/Province/Region:			
Zip/Postal:			
Country:	Enom	Tc	
Dates at this Address: (mm/yyyy)	From	То	
Previous residential address 4:			
Address Line 1 (Street Address):			
Address Line 2 (Apartment, suite, un	it, building, floor, etc.)	:	
City:			
State/Province/Region:			
Zip/Postal:			
Country:	Enom	Ta	
Dates at this Address: (mm/yyyy)	From	То	

Previous residential address 5: Address Line 1 (Street Address): Address Line 2 (Apartment, suite, unit, building, floor, etc.): City: State/Province/Region: Zip/Postal: Country: Dates at this Address: (mm/yyyy) From To 11. Are you currently, or were you previously approved/ authorised (within the last

11. Are you currently, or were you previously approved/ authorised (within the last 10 years) by any other Regulatory Body?

- □ Yes
- 🗆 No

If yes, please provide details below:

Name of Regulator	Country	Position Held	Name of Corporation	Date Approved (MM/YY)	Date Approval Cease (MM/YY)

12. Do you have any pending applications with any other foreign Financial Services Regulator?

□ Yes

□ No

If yes, please provide full details, including Name of Regulator, Country and Nature of Application

13. Please provide the name and address of your main bank at which you hold a principal bank account and confirm how long you have been a customer of that bank.

Name:

Address:

Date of account opening:

Section 3: Professio	onal Qualifications		
14. Current Associateship, Membership or Fellowship (A, M or F) of professional bodies and year of admission.			
A/M/F	Admitted (Yr)	Professional Body	Country

Section 4: Academic Qualifications						
15. Do you hold any academic qualifications (e.g. BA, LLB, MBA, PhD)?						
YesNo						
If Yes, specify the following in each case:						
Qualification	Name of Institution	Address of Institution	Year Obtained			
Section 5: Career H	Section 5: Career History					
occupations and emp	Begin with your current occupation or employment and please give full details of all occupations and employment during the last ten years, leaving no period unaccounted for. Continue on a separate signed sheet if necessary.					
16. Current Occupa						
Address Line 1 (Street Address): Address Line 2 (Apartment, suite, unit, building, floor, etc.): City: State/Province/Region: Zip/Postal: Country: Date of employment:(mm/yyyy): From To						
	Position held:					
Nature of business: Employment reference details:						
Name : Position: Contact: Email:						
Previous Occupation 1:						
Address Line 1 (Street Address): Address Line 2 (Apartment, suite, unit, building, floor, etc.): City: State/Province/Region: Zip/Postal: Country:						
Date of employment:	(mm/yyyy):	From	Го			

Position held:		
Nature of business:		
Employment reference details:		
Name:		
Position:		
Contact:		
Email:		
Previous Occupation 2:		
Address Line 1 (Street Address) :		
Address Line 2 (Apartment, suite, unit, bui	lding, floor, etc	.):
City:		
State/Province/Region:		
Zip/Postal:		
Country:	_	_
Date of employment:(mm/yyyy):	From	То
Position held:		
Nature of business:		
Employment reference details:		
Name:		
Position:		
Contact:		
Email:		
Previous Occupation 3:		
Address Line 1 (Street Address):		
Address Line 2 (Apartment, suite, unit, bui	lding, floor, etc	.):
City:	U	
State/Province/Region:		
Zip/Postal:		
Country:		
Date of employment:(mm/yyyy):	From	То
Position held:		
Nature of business:		
Employment reference details:		
Name:		
Position:		
Contact:		
Email:		

17. Please state any position you have held in any corporation ¹ (during the last ten years).				
Name of corporatio		Post	Current (C)/ Previous (P)	Country of incorporation/ licence/authorisation/ approval/registration
				on for regulatory approval fused or withdrawn?
YES/NO (Plea	se delete d	us appropria	te). If yes, please gi	ve full particulars.
otherwise, pre	cluded in	any way fro		on, employment, position or lly or partially) the services
19. Have you o at any time, be	or any cor een convic	poration in ted of any o	offence including s	nave been associated with bent matters by any Court
19. Have you o at any time, be in any jurisdic convicted, the	or any cor een convic ction? If so offence a	poration in eted of any o o, give full p nd the penal	which you are or h offence including sp articulars of the C lty imposed and th	nave been associated with
19. Have you o at any time, be in any jurisdic convicted, the Traffic offence	or any cor een convic ction? If so offence an es should 1	poration in ted of any o o, give full p nd the penal not be listed	which you are or h offence including sp articulars of the C lty imposed and th	nave been associated with bent matters by any Court ourt by which you were e date of conviction. (Road
19. Have you o at any time, be in any jurisdic convicted, the Traffic offence YES/NO (Plea	or any cor een convic tion? If so offence an es should n use delete c	poration in ted of any o o, give full p nd the penal not be listed	which you are or h offence including sp articulars of the C lty imposed and th). te). If yes, please gi	nave been associated with bent matters by any Court ourt by which you were e date of conviction. (Road
19. Have you of at any time, be in any jurisdic convicted, the Traffic offence YES/NO (Plea	or any cor cen convic ction? If so offence an es should n se delete a or any con	poration in ted of any o o, give full p nd the penal not be listed as appropriat	which you are or h offence including sp articulars of the C lty imposed and th). te). If yes, please gi	nave been associated with pent matters by any Court ourt by which you were e date of conviction. (Road we full particulars.
19. Have you of at any time, be in any jurisdic convicted, the Traffic offence YES/NO (Plea 20. Have you,	or any cor cen convic ction? If so offence an so should n so delete c or any con been th been ro	poration in ted of any o o, give full p nd the penal not be listed as appropriat rporation wa	which you are or h offence including sp articulars of the C lty imposed and th). te). If yes, please gi ith which you are of any punitive action	nave been associated with pent matters by any Court ourt by which you were e date of conviction. (Road we full particulars.
19. Have you of at any time, be in any jurisdic convicted, the Traffic offence YES/NO (Plea 20. Have you, (a)	or any cor cen convic ction? If so offence an es should in se delete c or any con been th been ro busines have ha	poration in cted of any o o, give full p nd the penal not be listed as appropriat rporation w the subject of efused a lice ss activity; ad a licence	which you are or h offence including sp articulars of the C lty imposed and th). te). If yes, please gi ith which you are of any punitive action nce or equivalent a	nave been associated with pent matters by any Court ourt by which you were e date of conviction. (Road we full particulars. or have been associated ² : n;
19. Have you of at any time, be in any jurisdic convicted, the Traffic offence YES/NO (Plea 20. Have you, (a) (b)	or any cor een convic stion? If so offence an es should n se delete a or any con been th been ro busines have ha busines been co	poration in cted of any o o, give full p nd the penal not be listed as appropriat rporation with the subject of efused a lice ss activity; ad a licence ss activity re	which you are or h offence including sp particulars of the C lty imposed and th). te). If yes, please gi ith which you are of any punitive action nce or equivalent a or equivalent auth evoked; ciplined or publich	nave been associated with pent matters by any Court ourt by which you were e date of conviction. (Road we full particulars. or have been associated ² : n; authorisation to carry on a

³ Includes, where specified in FSC Rules, any trust, société, partnership or any other body of persons.

⁴ Associated in this form means associated as a director, secretary, controller, officer, as a senior member of staff or a controlling shareholder.

21. Have you ever been adjudicated bankrupt by any Court or entered into a compromise or arrangement with creditors?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

22. Have you ever failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court in any jurisdiction?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

23. Has any corporation with which you have been associated been compulsorily wound up or has been subject to voluntary winding up, or made any compromise or arrangement with its creditors, or ceased trading?

YES/NO (*Please delete as appropriate*). *If yes, please give full particulars.*

24. Are you engaged in any personal litigation with respect to the management of any business corporation?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

25. Have you ever, at any time, been the subject of an investigation in relation to a corporation, including a financial institution?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

26. Have you ever been disqualified from acting as a director or similar position³? Have you ever, at any time, been the subject of an investigation in relation to a corporation, including a financial institution?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

27. Do you have any written complaints made against you by clients or former clients in the last five years which you have accepted, or which are awaiting determination, or have been upheld – by an Ombudsman or complaints scheme?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

28. Have you ever been refused entry to, or been dismissed, suspended or requested to resign from, any professional, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

⁵ One where the respondent acts in a management capacity or conducts the affairs of any company, partnership or unincorporated association.

29. Have you ever, anywhere, been censured, disciplined or criticised by any professional body to which you belong or have belonged to?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

30. In carrying out your duties, will you be acting on the directions or instructions of any other person?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

31. In the course of any trial or proceedings involving fraud, dishonesty or similar matters, have you ever been required to give evidence other than as an expert witness?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

32. Have you, a family member or a close associate, at any time, been designed as a politically exposed person (PEP)⁶?

YES/NO (Please delete as appropriate). If yes, please give full particulars.

means a foreign PEP, a domestic PEP and an international organisation PEP; and for the purposes of this definition -

"domestic PEP" means a natural person who is or has been entrusted domestically with prominent public functions in Mauritius and includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

"foreign PEPs" means a natural person who is or has been entrusted with prominent public functions by a foreign country, including Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

"international organisation PEP" means a person who is or has been entrusted with a prominent function by an international organisation and includes members of senior management or individuals who have been entrusted with equivalent functions, including directors, deputy directors and members of the board or equivalent functions and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

^{6 &}quot;politically exposed person" or "PEP" -

33. Declaration

I hereby CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director, shareholder, manager, officer or controller of an institution authorised/licensed under any of the above laws, I will notify the FSC of any material changes affecting the completeness of the answers 17 to 29 above within a period of thirty days.

I also hereby AUTHORISE the FSC to make such enquires and seek such further information as it thinks appropriate in verifying the information given in the Personal Questionnaire, or in any other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

Misleading the FSC will lead to criminal prosecutions under the Financial Services Act 2007.

Name of Respondent

Signature

Date

Supplemental Information

If there are any additional information that must be communicated to the FSC, please populate the below section accordingly.

Question No.	Additional information