THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR AUTHORISATION OF FOREIGN INVESTMENT DEALER

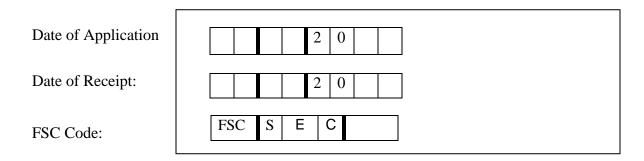
(Pursuant to Section 29(3) of the Securities Act 2005)

NAME OF APPLICANT

CONTACT DETAILS OF APPLICANT

FOR OFFICIAL USE

Applicants Should Not Write Below This Line



Note:

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- (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.

1. TYPE OF FOREIGN INVESTMENT DEALER (*Tick as appropriate*)

Code	Туре	✓ (as appropriate)
SEC-6.1	Foreign Investment Dealer (Full Service Dealer including underwriting)	
SEC-6.2	Foreign Investment Dealer (Full Service Dealer excluding underwriting)	
SEC-6.3	Foreign Investment Dealer (Broker)	
SEC-6.4	Foreign Investment Dealer (Discount Broker)	
SEC-6.5	Foreign Investment Dealer (Derivatives)	

2. DETAILS OF THE SECURITIES EXCHANGE (which is collecting the application)

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2.1	NAME:
	ADDRESS:
	PHONE /FAX :
	EMAIL/WEBSITE :

LEGAL STATUS OF THE APPLICANT

3. APPLICANT'S DETAILS

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3.1	APPLICANT IS/	SHALL]	BE A:	Tick as a	ppropriate (🗸)
	Public Company		Private Company	Other (please specify)	

4. CAPITAL STRUCTURE (as applicable)

4.1	Share Capital (at par value/at no par value) *					
	Stated Capital					
	Amount to be represented at no par value					
4.2	Types and Classes of Shares (Specify whether issued and fully paid)Number of SharesAmount (USD)^					

* Delete as appropriate

^ To specify, if denominated in a currency other than USD

5. SUBSTANTIAL SHAREHOLDERS* (as applicable)

Full Name (surname in block letters)	Address	% Share ^{**}

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

6. **ULTIMATE BENEFICIAL OWNERS*** (*If different from details provided under Section98*)

Full Name (surname in block letters)	Address

* Means ultimate owner of the Company.

7. DETAILS OF THE OFFICER (as required under Rule 6 of the Securities (Authorization of Foreign Investment Dealers) (Amendment) Rules 2021.

7.1	NAME:
	ADDRESS:
	PHONE /FAX :
	EMAIL/WEBSITE :

8. INCUMBENTS (Directors/CEO/Compliance Officer/MLRO/Deputy MLRO/CoSec) [as applicable]

Full Name (surname in block letters)	Position	Contact Details (Phone/Fax/Email)

9. Documents/information to be submitted along with this Application Form

	Tick as appropriate	~
1.	A statement from the securities exchange that the foreign investment dealer will be admitted to deal on the securities exchange if authorized by the Commission	
2.	A duly completed application form of the securities exchange.	
3.	A certified true copy of licence to perform investment dealer activities in a foreign jurisdiction.	
4.	To provide a link to the official website of the relevant regulator indicating the applicant's licencing or authorisation information as available in public domain.	
5.	Either a certificate of good standing from the relevant foreign regulatory body or a statement from a lawyer authorized to practise law in the foreign jurisdiction certifying that the applicant is legally entitled to carry out the functions of an investment dealer in that jurisdiction.	
6.	A certified true copy of the certificate of incorporation of the applicant.	
7.	A list of the documents submitted by the applicant to the relevant securities exchange (including assessment made by the securities exchange on the applicant and analysis made in line with AML/CFT framework - controls and F&P requirements).	

DECLARATION BY APPLICANT/ APPLICANT'S REPRESENTATIVE

I certify that the information furnished in this application and additional submission, as required in section 9 above, is complete and correct to the best of my knowledge and belief.

I also undertake to forthwith notify the Financial Services Commission, Mauritius of any material change in information/documents submitted with respect to the above.

Name of Authorised Representative (BLOCK CAPITALS):

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Signature:	•••••
Date:	•••••