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| THE FINANCIAL SERVICES COMMISSION |

**APPLICATION FORM**

**FOR**

**OTHER INSURANCE PROFESSIONALS – THIRD PARTY ADMINISTRATORS**

***(Pursuant to Section 78A of the Insurance Act 2005)***

NAME OF APPLICANT

|  |
| --- |
|  |

**CONTACT DETAILS OF APPLICANT**

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

### FOR OFFICIAL USE

Applicants Should Not Write Below This Line

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| FSC | I | N | S | 2.6 |

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. ***The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws, regulations, rules, guidelines and policy***
3. ***Additional sheet(s) may be used, if necessary, to submit the required information.***

CLASS OF BUSINESS *Tick as appropriate (🗸)*

|  |  |  |
| --- | --- | --- |
|  | Long Term Insurance Business |  |
|  | General Insurance Business |  |
|  | Long Term Re-Insurance Business |  |
|  | General Re-Insurance Business |  |

### LEGAL STATUS OF THE APPLICANT

1. APPLICANT’S DETAILS

|  |  |
| --- | --- |
| 1.1 | **APPLICANT IS/SHALL BE A**:  *Tick as appropriate (🗸)*    Public Company Private Company Other (please specify)  …………………………… |

2. CAPITAL STRUCTURE (as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1 | Share Capital (at par value/at no par value) ***\*\****  Stated Capital ………………..….. Amount to be represented at no par value …………..……….. | | |
| 2.2 | Types and Classes of Shares  (specify whether issued and fully-paid) | Number of Shares | Amount^ (Rs) |
|  | …………………………………………………..  ………………………………………………….  …………………………………………………..  …………………………………………………..  …………………………………………………..  …………………………………………………..  ………………………………………………….. | ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  …………………. | …………………………  …………………………  …………………………  …………………………  …………………………  …………………………  ………………………… |

*\*\* Delete as appropriate.*

^ *To specify, if denominated in a currency other than Mauritian rupees*

3. REGISTERED OFFICE/PLACE OF BUSINESS IN MAURITIUS

|  |  |
| --- | --- |
| 3.1 | ADDRESS: ….…………………...……..…………………….……..…….………………………..  ………………..……………………………....………………………..….…………………………  ………………..……………………………....………………………..….…………………………    PHONE /FAX /EMAIL: …….………………………………..…………….………………………  ……………………………………………………………………………………………………… |

**4. DIRECTORS (as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name**  ***(surname in block letters)*** | **Citizen of Mtius (Y/N)** | **Contact Details**  ***(Phone/Fax/Email)*** |
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**5. SECRETARY (as applicable)**

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

**6. AUDITOR (as applicable)**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name & Position**  ***(surname in block letters)*** | **Citizen of Mtius (Y/N)** | **Contact Details**  ***(Phone/Fax/Email)*** |
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**8. SUBSTANTIAL SHAREHOLDERS*\** (as applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full Name**  ***(surname in block letters)*** | **Address** | **Citizen of Mtius (Y/N)** | **%**  **Share*\*\**** |
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***\**** *As defined under Section 2 of the Companies Act 2001*

***\*\**** *To also specify Types and Classes of Shares*

**9. ULTIMATE BENEFICIAL OWNERS^** *(if different from details provided under Paragraph 8)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name**  ***(surname in block letters)*** | **Address** | **Citizen of Mtius (Y/N)** |
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**^** *Means ultimate owners/beneficiaries of the Applicant*

**10. Documents to be submitted for each Controlling Shareholder *a*nd Ultimate Beneficial Owner*\****

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Tick as appropriate*** | ***🗸*** | |
| **10.1** | **Individual** |  | |
| 10.1.1 | Certified copy of National Identity Card / Valid Passport |  | |
| 10.1.2 | Bank Reference from a recognized banking institution which has known the person for at least the last two years |  | |
| 10.1.3 | Class of shares to be held by the person including the number of shares and respective amount |  | |
| **10.2** | **Company** |  | |
| 10.2.1 | Certified copy of Certificate of Incorporation/Registration and/or Licence |  | |
| 10.2.2 | Certificate of Current Standing |  | |
| 10.2.3 | Corporate Profile, Latest Annual Return and Audited Financial Statements |  | |
| 10.2.4 | Class of shares to be held by the company including the number of shares and respective amount |  | |
| **10.3** | **Trust** |  | |
| 10.3.1 | Certified copy of Trust Deed |  | |
| 10.3.2 | An indication of assets value held by the trust |  | |
| 10.3.3 | Profile of the settlor/contributor, trustee and beneficiaries of the trust |  | |
| 10.3.4 | For a discretionary trust: Confirmation that the FSC will be provided with the appropriate CDD documents on beneficiaries, as and when distributions are made |  | |
| **10.4** | **Limited Partnership** |  | |
| 10.4.1 | Certified copy of Certificate of Registration, and Good Standing of the Limited Partnership |  | |
| 10.4.2 | Profile and latest audited financial statements of the Limited Partnership |  | |
| **10.5** | **Société** | |  |
| 10.5.1 | Certified copy of ‘Statuts de Société’, and Accounting Records | |  |
| 10.5.2 | Details of the principals | |  |

*\* 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.*

**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: .….…………………………………………………………………………....**