|  |
| --- |
| THE FINANCIAL SERVICES COMMISSION |

###### APPLICATION FORM

**FOR**

**PRIVATE PENSION SCHEME**

***(Pursuant to Section 12 of the Private Pension Schemes Act 2012)***

NAME OF APPLICANT

*(Name of applicant should be the name of the private pension scheme)*

|  |
| --- |
|  |

**CONTACT DETAILS OF APPLICANT**

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

### FOR OFFICIAL USE

Applicants Should Not Write Below This Line

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | 2 | 0 |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | 2 | 0 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FSC | P | P | S | 1.3 |

Date of Application

Date of Receipt:

FSC Code:

***Note:***

1. ***The information/documents required with 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 and policy guidelines.***
3. ***Additional sheet(s) may be used, if necessary, to submit the required information.***

1. APPLICANT’S DETAILS

|  |  |
| --- | --- |
| 1.1 | **LEGAL FORM OF APPLICANT IS**:  *Tick as appropriate(🗸)*    Trust Foundation Other (please specify) |
| 1.2 | **TYPE OF ARRANGEMENT:**  *Tick as appropriate (🗸)*  **Defined Benefit (DB) Defined Contribution (DC)**  *(Includes Hybrid Scheme)* |
| 1.3 | **STATUS:**  *Tick as appropriate (🗸)*  **Open to new members Closed to new members** |
| 1.4 | **NUMBER OF MEMBERS AS AT DATE OF APPLICATION:**   |  |  | | --- | --- | | **Active members** |  | | **Deferred members** |  | | **Pensioners** |  | | **Deferred pensioners** |  | | **Total members** |  | |  |  | |
| **2. FUNDING AND CONTRIBUTION DETAILS** | |
| 2.1 | **FUNDING STATUS:**  *(Applicable to DB schemes only)*  **FUNDING RATIO (%):** |
| 2.2 | **SOURCE OF CONTRIBUTION:**  *Tick as appropriate (🗸)*  **Fully financed by member**  **Fully financed by employer**  ***(Applicable to employer sponsored scheme)***  **Partially financed by member/employer**  ***(Applicable to employer sponsored scheme)*** |

**3. SPONSORING EMPLOYER DETAILS (as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tax Account Number (TAN)** | **Name of company** | **Registered Address** | **Contact Details**  ***(Phone/Fax/Email)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3A. Has the sponsoring employer established other private pension scheme(s) for the benefit of any of its employees or class of employees? (*Tick as appropriate*)**

**Yes No**

**3B. If yes to 3A, fill in the following section.**

|  |  |  |
| --- | --- | --- |
| **Full Name of the scheme(s)** | **Country Set Up** | **Licensed/Regulated (Y/N)** |
|  |  |  |
|  |  |  |
|  |  |  |

**The reason(s) for setting up of another private pension scheme:**

|  |
| --- |
|  |

**4. GOVERNING BODY DETAILS**

**Each member of the Governing Body shall provide the Commission with a duly completed and signed Personal Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Full Name**  ***(surname in block letters)*** | **Resident in Mauritius**  **(Y/N)** | **Correspondence Address** | **Contact Details**  ***(Phone/Fax/Email)*** |
| **CHAIRPERSON** |  |  |  |  |
| **VICE-CHAIRPERSON** |  |  |  |  |
| **CONTACT PERSON** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. PENSION SCHEME ADMINISTRATOR OR LONG-TERM INSURER (as applicable) APPOINTED FOR ADMINISTERING THE SCHEME**

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

***In case the governing body will administer the private pension scheme, a written request for authorization including information and documents mentioned in second schedule of Private Pension Schemes (Governance) Rules 2012 must be submitted to the Commission together with this application form.***

**6. PERSONS APPOINTED FOR MANAGING THE ASSETS OF THE SCHEME (Investment Adviser/ Asset Manager/ CIS Manager/ Long-term insurer)**

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

**7. CUSTODIAN**

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

**8. ACTUARY**

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

**9. AUDITOR**

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

**DECLARATION BY APPLICANT**

**I certify that the information furnished in this application and additional submissions are 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.**

**Signature of members of governing body:**

**Full Name: Full Name:**

**Date: Date:**

|  |
| --- |
| **DOCUMENTS AND INFORMATION TO ACCOMPANY APPLICATION**  **Please refer to schedule, Part 1 and Part 2 of Private Pension Schemes (Licensing and Authorisation) Rules 2012 and licensing criteria** |