

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM (last updated 3 January 2003) FOR CATEGORY 2 GLOBAL BUSINESS LICENCE

(approved under section 20(2) of the FSD Act)

THIS FORM SHOULD BE READ IN CONJUNCTION WITH THE "GUIDE TO COMPLETING THE APPLICATION FORM FOR A CATEGORY TWO GLOBAL BUSINESS LICENCE (GUIDE)"

[Please refer to page 5 of the Guide for further information on any word marked with superscript 1 and superscript 2]

FULL NAME OF APPLICANT²

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NAME AND CONTACT DETAILS OF THE APPLICANT'S REGISTERED AGENT

NAME

ADDRESS

PHONE NUMBER

FOR OFFICIAL USE

Applicants Should Not Write Below This Line

Date of Application

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Date of Receipt:

				2	0	0	
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FSC Reference No:

C1									
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SECTION 1 – LEGAL STATUS OF THE APPLICANT

1. APPLICANT'S DETAILS

1.1 IF THE APPLICANT EXISTS ALREADY², please indicate

1.1.1 Country of Incorporation/Registration

1.1.2 Date of Incorporation/Registration

1.1.3 Mode of Incorporation/Registration of Corporation (*please tick below*)

☐ CONTINUATION ☐ BRANCH ☐ CHANGE
IN LEGAL
REGIME FROM
GBC 1 TO GBC 2 ☐ OTHER

2. CORPORATE DETAILS

2.1 2.1.1 Share Capital (specify whether at par value or not)

Stated Capital

Amount to be represented by No Par Value Shares

.....:

Types and Classes of Shares

— shares

— Shares

— shares

2.1.2 Share Capital

Authorised Capital

Types & Classes of Shares

___ shares of ___ par value

___ shares of ___ par value

Issued

___ shares of ___ par value

___ shares of ___ par value

2.2 Details of Corporate Structure

Company Limited by Shares	
Company Limited by Guarantee	
Company Limited by Shares and Guarantee	

Limited Life Company	
Unlimited Company	
Foreign Company (Branch)	
Others (please specify)	

2.3 2.3.1 Address of Registered Office in Mauritius:

.....
.....
.....

2.3.2 Business Address in Mauritius (if different from 2.3.1)

.....
.....
.....

2.4 Name and Address of Directors¹:

Name :

Address² :

.....

.....

2.5 Name and Address of the Applicant's Auditor (if any)

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3. QUALIFIED GLOBAL BUSINESS¹

Please tick appropriate Activity(ies) listed below.

Investment Holding
Trading
Other/Please Specify

4. OTHER

Please provide (by way of attachment) any additional information that you consider may be relevant to this application.

5. DECLARATION¹

A duly authorised officer of the Registered Agent should sign this form to indicate the accuracy of its content and to confirm that the Know Your Client¹ and Due Diligence Principles have all been satisfied.

SIGNATURE:

NAME (CAPITALS):

CAPACITY OF SIGNATORY:

DATE: