Approved Foreign Administrator

Application Form



FINANCIAL SERVICES AUTHORITY

Bois De Rose Avenue P.O. Box 991 Victoria Mahé Seychelles

Tel: +248 4380800 Fax: +248 4380888

Website: www.fsaseychelles.sc Email: enquiries@fsaseychelles.sc

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Instructions for completing the application form

- Applicants are advised to refer to the Mutual Fund and Hedge Fund Act, 2008 when completing the application form and the Mutual Fund and Hedge Fund Guidelines.
- The form should be completed in English and the answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS. Any documents submitted in any other language are required to have a certified English translation appended.
- No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write "Not Applicable" or "N/A".
- If there is insufficient space to answer a question, additional information may be provided on an attachment page and identify the continuation of an answer by stating the question number.
- Please ensure that full particulars requested are properly numbered and is relevant to the question asked.
- All dates should be completed in the form: Day / Month / Year.
- The declaration on this form must be signed by a director or other duly authorised person.
- If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Authority should be notified immediately.
- The Authority requires that forms are completed in its entirety. The Authority shall return forms that are incomplete or does not disclose full information and as such, this may result in delays.
- Categories of Acceptable Certifiers (the certifier must be independent from the applicant):
 - (i) a judge;
 - (ii) a magistrate;
 - (iii) a notary public;
 - (iv) a barrister-at-law;
 - (v) a Solicitor;
 - (vi) an attorney-at-law; or
 - (vii) a Commissioner of Oaths.
- The completed application form and any supporting material, should submitted to:

The Chief Executive Officer Financial Services Authority P.O BOX 991 Bois de Rose, Victoria Mahé

Seychelles

Attn: Capital Markets and Collective Investment Schemes Supervision Section

NOTE: Failure to disclose and submit all necessary information may lead to the Authority rejecting the application

Section One: Details of the Applicant

1. Name of Applicant			
2. Details of cor	ntact person for the purposes of the appli	ication	
Name			
Address			
Telephone No.			
Fax No.			
E-mail			
3. Details of Reg	gistered Office Overseas and Principal Pla	ace of Business Overseas	
	Registered Office Overseas	Principal Place of Business Overseas	
Address			
Telephone No.			
Fax No.			
E-mail			
4. Details of cor	mpany secretary		
Name			
Address			

5. Details of the Auditor

Name	
Address	
Telephone No.	
Fax No.	
E-mail	

6. Details of Directors (please use separate sheet if there are more than 2 directors)

	Director 1	Director 2
Name		
Address		

7. Details of Shareholders and Beneficial Owners¹ (please use separate sheet if there are more than 2 shareholders)

	Shareholder 1	Shareholder 2
Name		
Address		
	Name and address of each Beneficial Owners if Shareholder 1 is a nominee or non-individual, with reference to their percentage of beneficial ownership	Name and address of each Beneficial Owners if Shareholder 2 is a nominee or non-individual, with reference to their percentage of beneficial ownership

8. Details of Lawyer

Name	
Address	
Telephone No.	
Fax No.	

¹ Indicate if the applicant or its controlling shareholder or beneficial owner are listed on a stock exchange in a recognised jurisdiction

9. Details of Compliance and Reporting Officer (as per Section 15(1) of the AML Act)²

Name	
Address	
Other positions held	
Tel. No.	
Email	

10. Details of Compliance Officer (as per Section 23(2) of the FSA Act)

Name	
Address	
Other positions held	
Tel. No.	

² Note: The compliance reporting officer and the compliance officer may be the same person.

Section Two: Operation of the Applicant

1. Details of current overseas licensing or registration as a mutual fund administrator

Type of fund administrator licence or authorisation issued	
Place and date of issue	
Licence/Registration No.	
2. Details of the overseas regul	atory body issuing the above licence or authorisation
Name	
Address	
Telephone No.	
Fax No.	
E-mail	
3. Details of all past overseas and date of issue, type of lice	licensing or registration as a mutual fund administrator (i.e. place ence or authorisation issued)

4. Other Information

Do you already administer overseas mutual funds or collective investment schemes?		Yes No
If yes, how many do you administer?		
What is the approximate total net asset value of the funds you administer?		
State the estimate total number of Seychelles licensed mutual funds you anticipate to administer in the next 3 years		

CONSENT

By signing and submitting this application form you hereby understand and consent that in the event that the application is successful the Financial Services Authority may publish on its website or other publications, the name of the licensee.

DECLARATION

(by director or other duly authorised person for and on behalf of the applicant)

I declare that to the best of my knowledge, information and belief the information provided above and in the accompanying documents is true and correct.

Signed:		
Name:		
Position held:	 Date:	

Checklist

Below is a checklist which has been designed to assist applicants to ensure that all of the information required by Financial Services Authority is submitted when making an application for an Approved Foreign Administrator under the Mutual Fund and Hedge Fund Act, 2008. This checklist is to serve only as a guide. The Authority may contact the applicant should it require further information.

1.	. All blank spaces in the Application Form has been filled in.		
2.	Payment of the application fee (i.e. US\$1,500) has been made or attached.		
3.	Personal Questionnaire Forms completed by each Director, Compliance Officer and any other key individuals of the applicant (unless the relevant party is listed on a stock exchange in a recognised jurisdiction).		
4.	Questionnaire Forms for Shareholders and Beneficial Owners completed by each individual shareholder and beneficial owner of the applicant.		
5.	Certified true copies of the applicant's constitutional documents has been attached.		
6.	Certified copy of current valid licence or other authorisation to conduct mutual fund administration issued under the laws of a Recognised Jurisdiction has been attached.		
7.	Certificate of good standing of the applicant from an Overseas Regulatory Body has been attached.		
8.	The certifier of any attached document is an acceptable certifier in accordance with page 2 of this Application Form		