

Clearing Agency Licence

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

Clearing Agency Licence Application Form

Instructions for completing the application form

- Applicants are advised to refer to the Securities Act, 2007 and the Securities Regulations when completing the application form.
- The form should be completed in English and the answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- 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.
- This application form must be accompanied by the documents specified in the check-list.
- 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
Bois de Rose Avenue
P.O. Box 991
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

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Part A

1. Name of Applicant

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2. Details of Registered Office and Principal Place of Business

	Registered Office	Principal Place of Business
Address		
Telephone No.		
Fax No.		
E mail		

3. Place of Incorporation

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4. Details of share capital

Authorised Capital	
Paid-up Capital	
Type of shares issued or to be issued	

5. Details of Directors

	Director 1	Director 2
Name		
Address		

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6. Contact person in relation to this application

Name	
Position	
Telephone No.	
Fax No.	
E-mail	

7. Details of Shareholders and Beneficial Owners

	Shareholder 1	Shareholder 2
Name		
Address		
Number of shares held		
Date of acquisition		
	Name and address of each Beneficial Owner if Shareholder 1 is a nominee or non-individual, with reference to their percentage of beneficial ownership	Name and address of each Beneficial Owner if Shareholder 2 is a nominee or non-individual, with reference to their percentage of beneficial ownership

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8. Details of subsidiaries (if any) of the applicant or of any enterprise in which the applicant has a shareholding or similar interest

	Subsidiary 1	Subsidiary 2
Name		
Address		
Details and nature of business pursued		

9. Details of each person who, directly or indirectly, exercises or has power to exercise a controlling influence over the management and policies of the applicant other than those shown as directors

	Person 1	Person 2
Name		
Address		

10. Compliance Officer appointed under section 34 of the Anti-Money Laundering and Countering the Financing of Terrorism Act, 2020¹

Name	
Address	
Other positions held	
Tel. No.	
Email	

¹ Note: A person approved to serve as the compliance officer under the FSA Act, may also undertake the role of compliance officer under the AML and CFT Act, 2020 subject to necessary qualifications and experience.

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11. Alternate Compliance Officer appointed under section 34(3) of the Anti-Money Laundering and Countering the Financing of Terrorism Act, 2020

Name	
Address	
Other positions held	
Tel. No.	
Email	

12. Compliance Officer appointed under section 23(2) of the Financial Services Authority Act, 2013

Name	
Address	
Other positions held	
Tel. No.	
Email	

13. Details of Auditor

Name	
Address	

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14. Details of Lawyer

Name	
Address	

15. Details of Banker

Name	
Address	

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Part B

1. Has the applicant or any director, within the past 10 years:

a) Been licensed, registered or authorised in any place under any law which requires licensing or registration in relation to dealing in securities or acting as an investment advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Been refused the right or restricted in its own right to carry on any securities-related business for which a specific licence, registration or other authority in any jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Been the subject of suspension, cancellation or revocation of its registration, licence or other authorization to carry on securities-related business by any authority in any jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Been subject to regulatory or enforcement action by any authority in any jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Been a member or partner in a member firm of any securities exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Been suspended from membership of any securities exchange or otherwise disciplined by a securities exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Been refused membership of any securities exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Carried on business under any name other than the name or names shown in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Has any judgment or order or conviction been made or any legal proceedings, actions or other claims pending against the applicant or any of its directors, whether civil or criminal in nature, involving alleged or proven

a) Fraud or dishonesty or theft or misrepresentation or misappropriation or similar conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Fraud or dishonesty or theft or misrepresentation or misappropriation or similar conduct arising out of or relating to dealings in securities or securities or investments related business or activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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DECLARATION

We declare that all information given in this application and in any annexures and supporting documents or other information provided is complete and accurate to the best of my knowledge and belief.

Dated this ____ day of ____

Signature:

SIGNED BY OR ON BEHALF OF THE APPLICANT:

Name:

Applicant:

Witness'
Signature:

Name:

Address:

Occupation:

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Checklist

Below is a checklist which has been designed to assist applicants to ensure that all of the information required by FSA is submitted when making an application for a Representative Licence under the Securities Act, 2007. 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.	<input type="checkbox"/>
2. Payment of the application fee (i.e. US\$3,000) has been made or attached.	<input type="checkbox"/>
3. Certified true copies of the constitutional documents (Memorandum and Articles of Association, Certificate of Incorporation, Certificate of Good Standing) of the applicant	<input type="checkbox"/>
4. Personal Questionnaire Form completed by each director and any other key individuals of the applicant.	<input type="checkbox"/>
5. Copy of the Applicant's rules as per section 26(1) of the Act	<input type="checkbox"/>
6. Letter of confirmation from such Securities Exchange with which the applicant proposes to make clearing arrangements has been attached	<input type="checkbox"/>
7. Manuals ² including the Internal Procedures Manual, Client Service Agreement, Conflict of Interest Policy, Compliance Manual, Anti-Money Laundering Manual, Complaints Handling Manual and Business Continuity Plan.	<input type="checkbox"/>

² Standardized manuals which have been pre-approved and vetted by the Authority.