

Compensation Scheme

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

Compensation Scheme Application Form

Instructions for completing the application form

- Applicants are advised to refer to the International Trade Zone (Employment) (Amendment) Regulation 2022, 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.
- The declaration on this form must be signed by the:
 - (i) Chief Executive Officer/Managing Director/General Manager
 - (ii) Chief Finance Officer/Financial Controller/Accountant/Finance Manager
 - (iii) Head or Director of Human Resources/Humana Resources Manager
- The completed application form and any supporting material, should be submitted to:

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

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

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1. Details of Applicant Company

Full name of applicant company	
Company Licence Number	
Address of Business	
Business Activity	

2. Details on employees

	Male	Female
Number of employees that is entitled to compensation		
Continuous employment		
Contractual employment		
Seychellois employees		
Non-Seychellois employees		
Total workforce		

3. Proposed Compensation Scheme

Compensation Rate 5/6 th of Day's Wage	<input type="checkbox"/>
Compensation Rate above 5/6 th of Day's Wage	<input type="checkbox"/>
Compensation Rate above 5/6 th of Day's Wage but below 1 day's wage	<input type="checkbox"/>
Compensation Rate above a Day's Wage	<input type="checkbox"/>
<i>Additional information:</i>	

4. Forecasted Compensation Payout

Year (2022)	Year (2023)	Year (2024)	Year (2025)	Year (2026)

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DECLARATION

I declare that the information contained in this application is true, complete and accurate to the best of my knowledge, information and belief and that, if any of the information contained in or appended to this application is discovered to be false, I may be liable to prosecution.

The undersigned Officer of the Applicant Company agree:

- to furnish any further information that the Authority may require when considering this application
- to notify the Authority immediately of any material changes in the information provided in this application
- that any person named within this application form is authorised to release any information requested by the Authority

As part of the application process, the Financial Services Authority will make a determination on the application. To do so, the Authority may ask additional information to the applicant.

Dated this _____ day of _____

Signature: _____

Name: _____

Designation: _____

WITNESSED BY:

Witness Signature: _____

Name: _____

Designation: _____

Official stamp of the
company