

Exempt Foreign Fund

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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Exempt Foreign Fund Application Form

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.
- 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.
- 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
P.O BOX 991
Bois de Rose Avenue
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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Section One: Details of the Applicant

1. Name of Applicant

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2. Details of Registered Office Overseas and Principal Place of Business Overseas

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

3. Details of the Auditor

Name	
Address	
Telephone No.	
Fax No.	
E-mail	

4. Name and address of each Director, General Partner or Trustee of the fund

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5. Is the minimum initial investment per investor not less than US\$100,000 or equivalent amount in any other convertible currency? Yes No

6. Is the fund listed on a Stock Exchange? Yes No

If "Yes", state the stock exchange and provide proof of listing.

7. Has there been or are there current litigation relating to the Fund or Fund manager or Investment of the Fund representing more than 5% of the NAV (Net Asset Value) of the Fund? Yes No

8. Are any investment totals over the 5% of the NAV of the fund currently being liquidated? Yes No

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Section Two: Operation of Applicant

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

Type of fund licence or authorisation issued	
Place and date of issue	
Licence/Registration No.	

2. Details of the overseas regulatory authority issuing the above licence or authorisation

Name	
Address	
Telephone No.	
Fax No.	
E-mail	

3. Details of all past overseas registration or licensing as a mutual fund or collective investment scheme (i.e. place and date of issue, type of fund licence issued)

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4. Details of licensed Seychelles Fund Administrator

Name	
Address	
Telephone No.	
Fax No.	
E-mail	

5. Reasons for moving the Fund to Seychelles

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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: _____

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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 an Exempt Foreign Fund 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.	<input type="checkbox"/>
2. Payment of the application fee (i.e. US\$2,000) has been made or attached.	<input type="checkbox"/>
3. Certified copy of current valid licence or other authorisation to operate as a mutual fund under the laws of a Recognised Jurisdiction has been attached.	<input type="checkbox"/>
4. Certificate of good standing of the applicant from an Overseas Regulatory Authority in a Recognised Jurisdiction has been attached	<input type="checkbox"/>
5. Copy of the current or latest draft of the offering document and any other marketing material has been attached.	<input type="checkbox"/>
6. Three year financial forecast or cash flow statements of the Fund has been attached.	<input type="checkbox"/>
7. Proof of listing has been attached (in the case of a fund listed on a Stock Exchange).	<input type="checkbox"/>
8. The certifier of any attached document is an acceptable certifier in accordance with page 2 of this Application Form	<input type="checkbox"/>