

International Corporate Service Providers License

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

ICSP Application Form

1. Proposed Company Name

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2. Contact Details

	Applicant	Other Contact
Name		
Business Address		
Residential Address		
Telephone		
Fax		
Email		
Occupation		
Nationality		
Passport Number		

3. Proposed International Corporate Service activity (Please select as appropriate)

Corporate Services	<input type="checkbox"/>
Trustee Services	<input type="checkbox"/>

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4. Company Directors (Please use separate sheet if there are more than 2 directors)

	Director 1	Director 2
Name		
Business Address		
Telephone		
Fax		
Email		

5. Compliance Officer appointed under section 34(1) of the Anti-Money Laundering and Countering the Financing of Terrorism Act, 2020¹

Name	
Business Address	
Telephone	
Fax	
Email	

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

Name	
Business Address	
Telephone	
Fax	
Email	

¹ 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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7. Compliance officer appointed under section 23(2) of the Financial Services Authority Act, 2013

Name	
Business Address	
Telephone	
Fax	
Email	

8. State the name of the name of the compliance officer that is responsible for training within the organization. Provide a description of training and competence systems for staff involved.

Name	
Address	
Telephone	
Fax	
Email	
Description of training program	

9. Former trading or corporate names by proposed company used in the past ten years, if any.

1.
2.

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10. Contingent and Prospective Liability Coverage

(Please provide a brief description of how contingent and prospective liabilities will be covered)

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11. Financial Details

Capital of Applicant (US\$)

(Please select as appropriate)

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Owner Equity	Shareholder Equity	Loan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Source of Capital

Details	Amount

** Applicant shall have and maintain a fully paid-up share capital of SCR 150,000 if providing corporate services, and SCR 250,000 if providing international trustee services.*

13. Proposed Employment Size

Total	Locals	Expatriates

14. Forecasted Cash Flows

Annual Revenue	Domestic Expenditure
US\$	US\$
	SCR

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DECLARATION

I,

Declare:

- a) that I have truthfully and fully answered the relevant questions in this Application Form and disclosed any information which might reasonably be considered relevant;
- b) that I will promptly notify the Financial Services Authority of any changes in the information I have provided and supply and any other information that may arise: and
- c) that I fully understand and acknowledge that a failure on my part to comply with the declaration will render the application liable to be refused and, if such failure is discovered after the application has been accepted, will render the application liable to be suspended or revoked.

I hereby understand and consent that the Financial Services Authority (the "Authority") may wish to make enquiries – both now and on a continuing basis – to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorize the bankers named in this Questionnaire, together with any other person, body or institution (including the Police) which the Authority may approach, to provide such information as the Authority believes may be relevant to its assessment.

Applicant

Signature:

Date:

Witness

Signature:.....

Name:

Address:.....

Occupation:

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Checklist

Below is a checklist, advising of the type of information which should be submitted to FSA, when applying for a Corporate Service Providers license. Please insert a page reference within your proposal to each information item listed below.

Part 1 – BUSINESS PLAN	
A. Business Objectives	<input type="checkbox"/>
B. Services and Infrastructure Investment Details	
Office Space, Office Equipment	<input type="checkbox"/>
Office Furniture and Fittings	<input type="checkbox"/>
Office Facilities (Telephone, Facsimile, IT Infrastructure)	<input type="checkbox"/>
Vehicles	<input type="checkbox"/>
Other Utilities	<input type="checkbox"/>
C. Marketing	
Marketing strategy (customer-based, conference attending, etc...)	<input type="checkbox"/>
Why do you believe your services will attract clients to register with your firm?	<input type="checkbox"/>
Other relevant information in support of your marketing strategy	<input type="checkbox"/>
D. Human Resources	
Organizational Chart	<input type="checkbox"/>
Job Descriptions	<input type="checkbox"/>
Training Requirements	<input type="checkbox"/>
E. Employment Details Both Local And Expatriate	
Management: - Employment History	<input type="checkbox"/>
Qualifications (refer to Schedule 3 of the ICSP Act 2003)	<input type="checkbox"/>
Others: Employment History, Qualifications	<input type="checkbox"/>
F. Operating Cost	
General Overheads	<input type="checkbox"/>
Salaries and Wages	<input type="checkbox"/>
Administrative Costs, Training Costs	<input type="checkbox"/>
Marketing, Insurance	<input type="checkbox"/>
Consultancy Fees, Finance Charges	<input type="checkbox"/>
G. Projected Revenues	
Three year Financial Forecast or Cash Flow Statements	<input type="checkbox"/>
PART 2 – FINANCIAL ACCOUNTS	
Audited Financial Statements of existing company for the past three years	<input type="checkbox"/>
PART 3 – DUE DILIGENCE / KYC PROCEDURES	
Minimum Standards to be at least in line with the revised 40 recommendations of the FATF on Money Laundering	<input type="checkbox"/>
PART 4 – PERSONAL QUESTIONNAIRE	
Personal Questionnaire completed for all directors and managerial staff	<input type="checkbox"/>

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<i>PART 5 – AML AND COMPLIANCE MANUAL</i>	
AML policies	<input type="checkbox"/>
Compliance Manual	<input type="checkbox"/>