Private Fund 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

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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.
- 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):
 - 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

Sevchelles

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

Name or proposed name of Fund	
2. Type of Fund entity (i.e. company,	, partnership or unit trust)
3. Details of incorporation	
Country of incorporation or establishment	
Date of incorporation or establishment	
The law under which the applicant is incorporated or established	
4. Details of registered office, busine	ess address and service address
Address of the registered Office	
Service address in Seychelles (if the fund is not incorporated in Seychelles)	
Business address in Seychelles (if the fund is not incorporated in Seychelles)	
5. State the full name and address o director of the general partner) of	f each director, trustee, general partner (and each f the applicant (as applicable)

6. Is the fund listed on a Stock Exchange?	Yes No
If "Yes", state the stock exchange and provide proo	f of listing.
7. If the fund is already operating outside Seychelles –	
(a) State the date the fund commenced business as	a mutual fund
(b) Provide details of current overseas licensing or re	egistration
Type of fund licence or authorization issued	
Place and date of issue	
Licence/Registration No.	
(c) Provide details of the overseas regulatory body	ssuing the above licence or authorization
Name	
Section/Department	
Address	
Telephone No.	
Fax No.	
E-mail	
(d) Provide details of all past overseas licensing or re date of issue, type of licence or authorisation issu	

Section Two: Operations of The Applicant

1.	State the relevant provisions of the constitutional documents providing that the Fund will have no more than 50 investors <u>OR</u> that invitation to the public to subscribe for a purchase equity interest in the Mutual Fund is prohibited		
2.	Provide the method(s) of making any invitation		
3.	Details of the auditor		
	Name		
	Address		
	Telephone No.		
	Fax No.		
	E-mail		
	Qualification		
	Body from which qualification was obtained		

4. If the applicant is not incorporated or established in Seychelles, provide details of its agent

	for service in Seychelles		
	Name		
	Contact Person		
	Address		
	Telephone No.		
	Fax No.		
	E-mail		
5.	State the address of the page 50 Seychelles	place of business that the fund has or will have outside of	
6.	State how the annual rep	orts of the fund will be made available to investors	

7. State the full name, details of incorporation (if applicable), address of place of business of the following service providers

Fund Administrator	
Manager (where different from Fund Administrator)	
Custodian	
Promoter(s)	
Investment or Trading Manager(s)	
Investment or Trading Advisor(s)	
Underwriter (if any)	
Others (Legal Adviser, advertising agent etc.)	

Section Three: Umbrella Fund

THIS SECTION MUST ONLY BE COMPLETED BY UMBRELLA FUND APPLICANTS

 In case of an existing umbrella fund, please state the licence number and jurisdiction from which the licence was obtained 				
2. State th	2. State the name or proposed name and the address of the place of business of each sub-fund			
	Name or Proposed Name	Place of business		
Sub-fund 1				
Sub-fund 2				
Sub-fund 3				
Sub-fund 4				
3. State th	e intended launch date of each	of the proposed sub-fund		
Sub-fund 1				
Sub-fund 2				
Sub-fund 3				
Sub-fund 4				
4. State ho	ow the annual reports of each s	ub-funds will be made available to investors		
Sub-fund 1				
Sub-fund 2				
Sub-fund 3				
Sub-fund 4				

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 authorized 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 a Private Fund Licence 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.	1. All blank spaces in the Application Form has been filled in.		
2.	Payment of the Private Fund application fee (i.e. US\$750) has been made or attached.		
3.	Certified true copies of the constitutional documents (i.e. Memorandum and Articles of Association, Partnership agreement, Certificate of Incorporation, trust deed, Certificate of Good Standing) of the applicant have been attached.		
4.	Declaration for offering document has been submitted		
5.	Proof of listing has been attached (in the case of a fund listed on a Stock Exchange).		
6.	The audited financial statements for the past three years have been attached (in the case of an existing fund).		
7.	Personal Questionnaire Forms completed by each director, compliance officer and any other key person of the applicant.		
8.	Questionnaire Forms for Shareholders and Beneficial Owners completed by each individual shareholder and beneficial owner of the applicant.		
9.	The written consent by the proposed Fund Administrator has been attached.		
10.	The written consent by the auditor has been attached.		
11.	Certified true copies of the Auditor's certificate of membership and certificate of Good Standing as per section 2 of the Act		
12.	The written consent by the custodian has been attached.		
13.	Custodian declaration form has been attached		