

Professional 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

Professional Fund Licence 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.
- 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 that are requested must be 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

Professional Fund Licence Application Form

Section One: Details of the Applicant

1. Name or proposed name of Fund

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2. Type of Fund entity (i.e. company, partnership or unit trust)

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3. Details of incorporation

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| 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, business 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 of each director, trustee, general partner (and each director of the general partner) of the applicant (as applicable)

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Professional Fund Licence Application Form

6. Is the fund listed on a Stock Exchange?

Yes No

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

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7. If the fund is already operating outside Seychelles –

(a) State the date the fund commenced business as a mutual fund

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(b) Provide details of current overseas licensing or registration

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

(c) Provide details of the overseas regulatory body issuing the above licence or authorisation

| | |
|--------------------|--|
| Name | |
| Section/Department | |
| Address | |
| Telephone No. | |
| Fax No. | |
| E-mail | |

(d) Provide details of all past overseas licensing or registration as a mutual fund (i.e. Place and date of issue, type of licence or authorisation issued)

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Professional Fund Licence Application Form

Section Two: Operations of the Applicant

1. Provide particulars of the steps the Fund will take to ensure each investor in the Fund is a professional investor and how the Fund will ensure the initial minimum investment amount per investor is not less than \$100,000

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2. Details of the auditor

| | |
|--|--|
| Name | |
| Address | |
| Telephone No. | |
| Fax No. | |
| E-mail | |
| Qualification | |
| Body from which qualification was obtained | |

3. 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 | |

Professional Fund Licence Application Form

4. State the address of the place of business that the fund has or will have outside of Seychelles

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5. State how the annual reports of the fund will be made available to investors

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6. 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.) | |

Professional Fund Licence Application Form

Section Three: Umbrella Fund

THIS SECTION MUST ONLY BE COMPLETED BY UMBRELLA FUND APPLICANTS

- 1. In case of an existing umbrella fund, please state the licence number and jurisdiction from which the licence was obtained**

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- 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 the intended launch date of each of the proposed sub-fund**

| | |
|------------|--|
| Sub-fund 1 | |
| Sub-fund 2 | |
| Sub-fund 3 | |
| Sub-fund 4 | |

- 4. State how the annual reports of each sub-fund will be made available to investors**

| | |
|------------|--|
| Sub-fund 1 | |
| Sub-fund 2 | |
| Sub-fund 3 | |
| Sub-fund 4 | |

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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 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:

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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 the Financial Services Authority is submitted when making an application for a Professional 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. All blank spaces in the Application Form has been filled in. | <input type="checkbox"/> |
| 2. Payment of the Professional Fund application fee (i.e. US\$1,000) has been made or attached. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 4. Declaration for offering document has been submitted | <input type="checkbox"/> |
| 5. Proof of listing has been attached (in the case of a fund listed on a Stock Exchange). | <input type="checkbox"/> |
| 6. The audited financial statements for the past three years have been attached (in the case of an existing fund). | <input type="checkbox"/> |
| 7. Personal Questionnaire Forms completed by each director, general partner, trustee and any other key person of the applicant have been attached. | <input type="checkbox"/> |
| 8. Questionnaire Form for Shareholders and Beneficial Owners completed by each individual shareholder and beneficial owner of the applicant. | <input type="checkbox"/> |
| 9. The written consent by the proposed Fund Administrator has been attached. | <input type="checkbox"/> |
| 10. Documentary proof that the proposed fund administrator is fit and proper, and a written consent by the proposed administrator as per section 3 (3)(d) of the Act | <input type="checkbox"/> |
| 11. The written consent by the auditor has been attached. | <input type="checkbox"/> |
| 12. Certified true copies of the Auditor's certificate of membership and certificate of Good Standing as per section 2 of the Act | <input type="checkbox"/> |
| 13. Custodian declaration form has been attached | <input type="checkbox"/> |