### **Public 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.net

Version: 29th March, 2022

#### 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

All licences issued by the Financial Services Authority shall be published on the Authority's website.

### **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 of director of the general partner) of	f each director, trustee, general partner (and each the applicant (as applicable)

6. Is the fund listed on a	Stock Exchange?	Yes No
If "Yes", state the stoo	k exchange and provide proof of listing.	
	perating outside Seychelles – fund commenced business as a mutual fund	
(b) Provide details of co	urrent overseas licensing or registration	
Type of fund licence or authorization issued		
Place and date of issue		
Licence/Registration No.		
(c) Provide details of the	he overseas regulatory body issuing the abo	ove licence or authorization
Name		
Section/Department		
Address		
Telephone No.		
Fax No.		
E-mail		
	Il past overseas licensing or registration as a of licence or authorisation issued)	mutual fund_(i.e. Place and

### **Section Two: Operations of the Applicant**

1.	Details	of Au	ditor
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Name	
Address	
Telephone No.	
Fax No.	
E-mail	
Qualification	
Body from which qualification was obtained	
2. If the applicant is not inc service in Seychelles	corporated or established in Seychelles, provide details of its agent for
Name	
Contact Person	
Address	
Telephone No.	
Fax No.	
E-mail	
3. State the address of the	place of business that the fund has or will have outside of Seychelles
4. State the intended lau	unch date of the fund

5.	. State the date of the end of financial year of the fund		
6.	. State how the annual reports of the fund will be made available to investors		
7.	State the full name, detain following service provide	ils of incorporation (if applicable), address of place of business of the	
	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

<ol> <li>In case of an existing umbrella fund, please state the licence number and jurisdiction from which the licence was obtained</li> </ol>		
2. State th	e name or proposed name and the add	dress 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 p	proposed sub-fund
Sub-fund 1		
Sub-fund 2		
Sub-fund 3		
Sub-fund 4		
4. State ho	ow 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		

### **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 the Financial Services Authority is submitted when making an application for a Public 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.	
<ol><li>Payment of the Public Fund application fee (i.e. US\$1,500) has been made or attached.</li></ol>	
<ol> <li>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.</li> </ol>	
4. Declaration for offering document has been submitted	
<ol><li>Proof of listing has been attached (in the case of a fund listed on a Stock Exchange).</li></ol>	
<ol><li>The audited financial statements for the past three years have been attached (in the case of an existing fund).</li></ol>	
<ol> <li>Personal Questionnaire Forms completed by each director, compliance officer and any other key person of the applicant.</li> </ol>	
8. Questionnaire Forms for Shareholders and Beneficial Owners completed by each individual shareholder and beneficial owner of the applicant.	
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	