### **Representative's 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

Version: 23<sup>rd</sup> March, 2022

#### Instructions for completing the application form

- Applicants are advised to refer to the Securities Act, 2007 and the Securities Regulations 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

#### Part A

Pall A						
1. Type of licence being sought:						
	Securities Dealer's Representative Licence					
	Investment Advisor's Representative Licence					
2. Details of the	Applicant					
Name						
Residential addres	SS .					
Telephone No.						
E-mail						
Date of birth						
Place of birth						
Nationality(ies)						
3. Details of the Applicant's employer						
Name						
Address at which business is to be carried on	the					
Telephone No.						
Fax No.						
E-mail						

Licenses held

4. State the	4. State the address at which the register required under section 79 of the Act will be kept			
	present remuneration arrangement of t on or both)	the applicant with its employer (i.e. salary,		
whom has director o	s any interest in the success or otherwis	over the past 4 years and of whom FSA may		
	Name of Director 1	Name of Director 2		
Details of in	dividual 1			
Name				
Address				
Occupation				
Tel. No.				
Email				
Details of inc	dividual 2			
Name				
Address				
Occupation				
Tel. No.				
Fmail				

### Part B

1. Has the applicant, within the past 10 years (if YES please provide full particulars on a separate sheet of paper(s):

a)	Been licensed, registered or authorised in any place under any law which requires licensing or registration in relation to dealing in securities or acting as an investment advisor?	Yes No
b)	Been refused the right or restricted in its or his right to carry on any securities-related business for which a specific licence, registration pr other authority is required by law in any place?	Yes
c)	Been the subject of suspension, cancellation or revocation of its registration, licence or other authorization to carry on securities-related business by any authority in any jurisdiction?	Yes
d)	Been subject to regulatory or enforcement action by any authority in any jurisdiction?	Yes No
e)	Been a shareholder in a member firm of any securities exchange?	Yes No
f)	Been suspended from membership of any securities exchange?	Yes No
g)	Been refused membership of any securities exchange	Yes No
h)	Carried on business under any name other than the name or names shown in this application	Yes
2.	Does the applicant have an interest in one or more shares in any company, the which are quoted on a securities exchange, the aggregate of the nominal amount constitutes not less than 10% of the aggregate of the nominal amount of all issue the company?  YES NO	nt of which
	125 <u> </u>	
	If "YES", give full details, of the interest including the names of companies and per interest, on a separate sheet of paper clearly stating the number of the question to details relate	
3.	Has the applicant had any experience in performing the functions of a representative	/e
	YES NO	
	If "YES" attach annexure giving all particulars.	

#### Part C

#### Set out as annexure to this Application Form the following information:

- 1. State the nature of the principal business of the applicant
- 2. State in detail the activity and the manner in which the applicant proposes to conduct the business for which the applicant requires a licence (including details of the services which the applicant will hold itself out as being able to provide if the application is allowed)
- 3. State additional information (including any formal qualifications or training and experience of the directors, other officers and representative of the applicant) considered relevant to this application
- 4. Provide details of the applicant's past employment and business activities during the previous 10 years, making particular reference to:
  - a) The name and address of employer (if self-employed, please state accordingly)
  - b) Nature of business
  - c) Description of duties in relation to the employment or activity
  - d) Period of employment or activity

#### **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**

I declare that all information given in this application and in any annexures and supporting documents or other information provided is complete and accurate to the best of my knowledge and belief.

Dated this	_ day of
Signature:	
SIGNED BY OR	ON BEHALF OF THE APPLICANT:
Name:	
Applicant:	
Witness:	
Name:	
Address:	
Occupation:	

### 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 a Representative Licence under the Securities Act, 2007. 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.	
2.	Application fee (i.e. US\$ 500).	
3.	Personal Questionnaire Forms completed by the applicant.	
4.	All the information requested in Part C of this Application Form has been attached.	
5.	Certificate in accordance with Schedule 1, Form 4, Section 7, Note (a) of the Securities (Forms and Fees) Regulations, 2008 has been attached.	
6.	A written notification from the licensee in accordance with section 53 of the Securities Act, 2007.	