

Securities Dealer Licence

Application Form



FINANCIAL SERVICES AUTHORITY

Bois De Rose Avenue
P.O. Box 991
Victoria
Mahé
Seychelles

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Website: www.fsaseychelles.sc
Email: enquiries@fsaseychelles.sc

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Securities Dealer Licence Application Form

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

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Part A

1. Name of Applicant

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2. Details of Registered Office and Principal Place of Business

	Registered Office	Principal Place of Business
Address		
Telephone No.		
Fax No.		
E mail		

3. Place of Incorporation

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4. Details of share capital

Authorised Capital	
Paid-up Capital	
Type of shares issued or to be issued	

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5. Source of Funds/Wealth

Provide details of the origin of all the funds or wealth for the application

Details	Amount
Total Capital of Applicant	

6. Details of Directors (please use separate sheet if there are more than 2 directors)

	Director 1	Director 2
Name		
Residential Address		

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7. Provide details of two individuals (who must not be related to the applicant, and neither of whom has any interest in the success or otherwise of this application) with whom each director of the applicant has had regular contact over the past 4 years and of whom FSA may enquire regarding their character, reputation and financial standing.

	Director 1	Director 2
Details of individual 1		
Name		
Address		
Occupation		
Tel. No.		
Email		
Details of individual 2		
Name		
Address		
Occupation		
Tel. No.		
Email		

8. Details of each person who, directly or indirectly, exercises or has power to exercise a controlling influence over the management and policies of the applicant other than those shown as directors

	Person 1	Person 2
Name		
Address		

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9. Details of Shareholders and Beneficial Owners (please use separate sheet if there are more than 2 shareholders)

	Shareholder 1	Shareholder 2
Name		
Address		
Number of shares held		
Date of acquisition		
	Name and address of each Beneficial Owner if Shareholder 1 is a nominee or non-individual, with reference to their percentage of beneficial ownership	Name and address of each Beneficial Owner if Shareholder 2 is a nominee or non-individual, with reference to their percentage of beneficial ownership

10. Details of the parent company (in case the applicant is a subsidiary of another company)

Name	
Address	
Nature of business	

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11. Details of subsidiaries (if any) of the applicant or of any enterprise in which the applicant has a shareholding or similar interest

	Subsidiary 1	Subsidiary 2
Name		
Address		
Details and nature of business pursued		

12. State the Name(s) of the prospective securities dealer representative

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

Name	
Address	
Other positions held	
Tel. No.	
Email	

¹ Note: 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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14. Alternate Compliance Officer appointed under section 34(3) of the Anti-Money Laundering and Countering the Financing of Terrorism Act, 2020

Name	
Address	
Other positions held	
Tel. No.	
Email	

15. Compliance Officer appointed under section 23(2) of the Financial Services Authority Act, 2013

Name	
Address	
Other positions held	
Tel. No.	
Email	

16. Address of all premises at which records or other documents of the business are to be kept

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17. State the address at which the register required under section 79 of the Act will be kept

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18. Details of Auditor

Name	
Address	

19. Details of Lawyer

Name	
Address	

20. Details of Banker²

Name	
Address	

² The proposed banker of the applicant.

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Part B

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

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 <input type="checkbox"/> No <input type="checkbox"/>
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 or other authority is required by law in any place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
d) Been subject to regulatory or enforcement action by any authority in any jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Been a member or partner in a member firm of any securities exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Been suspended from membership of any securities exchange or otherwise disciplined by a securities exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Been refused membership of any securities exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Been known by any name other than the name or names shown in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Has any judgment or order or conviction been made or any legal proceedings, actions or other claims pending against the applicant or any of its directors, whether civil or criminal in nature, involving alleged or proven (if YES please provide full particulars in a separate sheet of paper):

a) Fraud or dishonesty or theft or misrepresentation or misappropriation or similar conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Fraud or dishonesty or theft or misrepresentation or misappropriation or similar conduct arising out of or relating to dealings in securities or securities or investments related business or activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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DECLARATION

We 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:

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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 Securities Dealer 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.	<input type="checkbox"/>
2. Application fee (i.e. US\$ 1,500).	<input type="checkbox"/>
3. Certified true copies of the constitutional documents (i.e. Certificate of Incorporation, Memorandum and Articles of Association, Partnership agreement, Particulars of Directors and Secretaries, Notice of situation of registered office or any change thereof).	<input type="checkbox"/>
4. The last audited financial statements of the controlling owners of the applicant (if the controlling owner of the applicant is a non-individual)	<input type="checkbox"/>
5. Personal Questionnaire Form completed by each Director, Securities Dealer Representative, Compliance Officer and any other key individuals of application.	<input type="checkbox"/>
6. Questionnaire Forms for Shareholders and Beneficial Owners completed by each individual shareholder and beneficial owner who do not hold a managerial position in the company.	<input type="checkbox"/>
7. Audited Financial Statements of the applicant for the last 2 years except in the case of an applicant who was incorporated within the last 12 months	<input type="checkbox"/>
8. Proof of source of funds or wealth	<input type="checkbox"/>
9. Proof of Physical Place of Office (Title Deed of Premises or Lease Agreement for premises or Sub Leasing Agreement and consent letter from owner of the premises stipulating that the lessee can sub lease)	<input type="checkbox"/>
10. Representative Licence Application Form completed by each prospective representative.	<input type="checkbox"/>
11. Notice of as per Schedule 1 Form 6 of the Securities (Forms and Fees) Regulations, 2008.	<input type="checkbox"/>
12. A written notification from the representative in accordance with section 53 of the Securities Act, 2007.	<input type="checkbox"/>
13. A detailed Business Plan	<input type="checkbox"/>

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14. A copy of the insurance quotation (appropriate to the proposed nature and size of the business) of the applicant has been attached.	<input type="checkbox"/>
15. Certified true copies of the Auditor's certificate of membership, qualifications and licence.	<input type="checkbox"/>
16. Certified current valid licence or other authorization to conduct such business under the laws of a recognized jurisdiction if the applicant is operating outside Seychelles.	<input type="checkbox"/>
17. Manuals ³ including the Internal Procedures Manual, Client Service Agreement, Conflict of Interest Policy, Compliance Manual, Anti-Money Laundering Manual, Complaints Handling Manual and Business Continuity Plan.	<input type="checkbox"/>

³ Standardized manuals which have been pre-approved and vetted by the Authority.