

# THE FINANCIAL SERVICES COMMISSION

## APPLICATION FORM B GLOBAL BUSINESS CORPORATION

*(approved under section 72(1) of the FSA 2007)*

THIS FORM SHOULD BE READ IN CONJUNCTION WITH THE "GUIDE TO GLOBAL BUSINESS"

### FULL NAME OF APPLICANT

### NAME AND CONTACT DETAILS OF THE APPLICANT'S MANAGEMENT COMPANY

NAME	.....
	.....
ADDRESS	.....
PHONE NUMBER	.....
CONTACT PERSON	.....
EMAIL ADDRESS	.....

**FOR OFFICIAL USE**  
Do Not Write Below This Line

Date of Application:

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Date of Receipt:

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FSC Code:

FSC	F	S	4.1
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**LEGAL STATUS OF THE APPLICANT**

**1. CORPORATE DETAILS**

**1.1** Details of Corporate Structure

Private Company	
Public Company	
Company Limited by Shares	
Company Limited by Guarantee	
Company Limited by Shares and Guarantee	
Limited Life Company	
Unlimited Company	
Foreign Company	
Protected Cell Company	
Société	
Limited Partnership	
Trust	

**1.2** Stated Capital .....

Types and Classes of Shares

- ..... Shares
- ..... Shares
- ..... Shares

**Or**

- Contribution by Partners .....
- General Partner(s).....
- Limited Partner(s).....

**1.3** Address of Registered Office:

.....  
.....  
.....

**1.4** Business Address in Mauritius (if different from 1.3):

.....  
.....  
.....

**1.5 Name and Address of the Applicant's Secretary:**

Name : .....

Address : .....

.....

Tel:.....Email.....

**Or**

**Name and Address of the Applicant's Registered Agent\***

Name : .....

Address : .....

.....

Tel:.....Email.....

**1.6 Name and Address of Directors:**

**A. Resident**

Director 1

Name : .....

Address : .....

.....

Tel:.....Email.....

Director 2

Name : .....

Address : .....

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Tel:.....Email.....

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\* Applicable for Limited Partnerships only

**B. Non Resident**

Name : .....

Address : .....

.....

Tel:.....Email.....

**1.7 Name and Address of the Applicant’s Auditor:**

Name : .....

Address : .....

.....

Tel:.....Email.....

**1.8 Name and Address of the Applicant’s Legal Advisor:**

Name : .....

Address : .....

.....

Tel:.....Email.....

**1.9 Name and Address of the Applicant’s Banker (In Mauritius)**

Name : .....

Address : .....

.....

Tel:.....Email.....

**2. GLOBAL BUSINESS ACTIVITY**

Please specify activity clearly and submit a comprehensive business plan.

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### 3. OWNERSHIP/ SHAREHOLDER

#### 3.1

<b>If Individual</b>	
Name:	
Address:	
Occupation:	
Nationality:	
Date of Birth:	
Passport Number:	
Tel:	
Email:	
% Shareholding	

#### 3.2

<b>If Corporate</b>	
Name of company:	
Place of incorporation/Registered address:	
Activity:	
If listed (details on Exchange):	
List of Directors:	
List of Shareholders:	
Tel:	
Email:	
% Shareholding:	

#### 3.3

<b>If Trust</b>	
Name of Trust:	
Date and Place of registration:	
Type of Trust:	
Details of Settlor:	
Details of Trustee:	
Details of beneficiaries:	
% Shareholding:	

#### 3.4

<b>If Limited Partnership</b>	
Name of Limited Partnership:	
Place of incorporation/Registered address :	
Name of General Partner:	
Place of incorporation/Registered address of General Partner:	
Tel:	
Email:	
% Shareholding:	

**3.5** If the applicant, its shareholders, beneficial owner(s) or partner(s) has/have promoted/ incorporated/ registered or acquired any company in Mauritius previously, please provide details below.

Company Name	Management Company ("MC")	Category	Ref. No.

**4. DETAILS OF APPLICANT’S/BENEFICIAL OWNER’S/ PARTNER’S BUSINESS RECORD**

4.1 State all the former trading names (if any) used by the Applicant/ Beneficial Owner/ Partner during the last 7 years. Please indicate the dates of the change of names. ....

4.2 Please specify those countries or territories in which the Applicant/ Beneficial Owner/ Partner intends to carry out financial services business to which this licence applies. ....

4.3 Does the Applicant/Beneficial Owner/Partner conduct or carry out financial services business from any jurisdiction other than Mauritius?  Yes  No  
If yes, please provide the address from which such financial services business is carried out.

4.4 Is the Applicant/Beneficial Owner/ Partner regulated in another jurisdiction or has the Applicant applied for a licence from any regulatory authority in any other jurisdiction?  Yes  No  
If yes, please provide details.

4.5 Has the Applicant/Beneficial Owner/ Partner made a similar application in another jurisdiction?  Yes  No  
If yes, please provide details and outcome

4.6 Has the Applicant/Beneficial Owner/ Partner at any time in the previous 7 years been criticised, censured, disciplined, suspended, or fined by any regulatory body in Mauritius or by any regulatory body in any other jurisdiction?  Yes  No  
If yes, please supply details

4.7 At any time in the previous 7 years, has an application been made for the bankruptcy or compulsory winding up of the Applicant/ Beneficial Owner/ Partner or has the Applicant’s property been seized or Applicant’s property been seized or forfeited or relinquished by any other similar means?  Yes  No  
If yes, please supply details

4.8 Has the Applicant/Beneficial Owner/ Partner at any time in the previous 7 years had a Receiver or an Administrator appointed or failed to satisfy a debt adjudged due, or come to a compromise or similar arrangement with any of its creditors?  Yes  No  
If yes, please supply details

4.9 Has the Applicant/Beneficial Owner/ Partner been engaged in any civil proceedings or arbitration at any time in the previous 7 years in which a debt was adjudged due from, or judgement given against, the Applicant in relation to any financial service?  Yes  No  
If yes, please supply details.

4.10 Has the Applicant/Beneficial Owner/ Partner at any time been convicted of any offence involving fraud, or other dishonesty, or any other offence such as an economic offence or money laundering or been subject to penalties for tax evasion (whether or not in Mauritius) relating to companies carrying out financial services business?  Yes  No  
If yes, please supply details.

4.11 Has any Director, Officer or Partner of the Applicant been convicted in any Court of Law for a criminal offence or penalised or sanctioned, or is currently or has ever been under investigation for professional negligence or malpractice by any Regulatory Authority in any country?  Yes  No  
If yes, please supply details

**5. Financial Resources**

- 5.1 5.1.1 Amount to be Capitalised by Applicant :
  - 5.1.1.a. by Equity .....
  - 5.1.1.b. by Loan.....
- 5.1.2 Estimated Volume of Business in first 12 months .....
- 5.1.3 Duration of Business - (If limited life company) .....
  
- 5.1.4. Contribution of Partners
  - 5.1.4.a. by Cash.....
  - 5.1.4.b. by Loan.....
  - 5.1.4.c. Other Means.....

5.2. Source of Capital/Fund/Contribution  
Details: .....

**6. Balance Sheet Date:** .....

**FOR EXISTING APPLICANT, PLEASE FILL IN SECTION 7.**

7. 7.1 For Continuation of a company incorporated outside Mauritius   
(please refer to Section 22 of the Checklist for GBC Application)

7.1.1 Country of Incorporation/Registration .....

7.1.2 Date of Incorporation/Registration .....

7.2 For Change in Legal Regime from Authorised Company to GBC   
(please refer to Section 23 of the Checklist for GBC Application Form)

7.2.1 Date of Incorporation .....

7.2.2 Authorised Company - Authorisation No .....

7.3 For Conversion from Domestic Company to GBC   
(please refer to Section 24 of the Checklist for GBC Application Form)

7.3.1 Date of Incorporation.....

**8. Partial Exemption**

Will the Company be claiming Partial Exemption under the Income Tax Act?

Yes  No

If Yes, please provide the following information/confirmation:

8.1. Will the Company be a Pure Equity Holding Entity?

Yes  No

If Yes, to provide a confirmation that the Company will have adequate resources for holding and managing share participations.

If No, to provide confirmations as per Section 8.2 below.



8.2. Please provide details as to how the Company intends to comply with Section 71 (3) (a) of the Financial Services Act 2007 in terms of its core income generating activities in Mauritius:

- (i) employs, directly or indirectly, an adequate number of suitably qualified persons; and
- (ii) incurs a minimum expenditure proportionate to its level of activities.

**9. DECLARATION**

A duly authorised officer of the Management Company should sign this form to validate its content and to declare that all the Know Your Client and Due Diligence Principles have been completed and are to the satisfaction of the Management Company.

SIGNATURE: .....

NAME (IN CAPITAL LETTERS): .....

CAPACITY OF SIGNATORY: .....

DATE: .....