

Company Special License

Application Form



FINANCIAL SERVICES AUTHORITY

P.O. Box 991
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Mahé
Seychelles

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CSL Application Form

Instructions for Completing the Application Form

1. This application form is to be filled in conjunction with reading the “Application Guidelines for a Special License Company” and the Companies (Special Licenses) Act, 2003
2. This form is to be completed in English. Any documents required are to have a certified English translation appended.
3. Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
4. 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**”.
5. 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.
6. All dates should be completed in the form: Day / Month / Year
7. All amounts are to be recorded in United States Dollars (US\$). Conversion from foreign currency should be made using the current exchange rate.
8. Please ensure that all answers and information are true and correct. Failure to do so constitutes a criminal offence and can lead the Authority to reject an application or revoke a license that has been granted on the basis of untrue or incorrect information.
9. Categories of Acceptable Certifiers
 - i. Judge
 - ii. Notary public
 - iii. Commissioner of Oaths
 - iv. Banks ranked in the Top 100 list, as per BANKERS Almanac
 - v. Any other certifiers as may be specified by the Authority in writing from time to time.

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1. Proposed Company Name

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2. Applicant's Details

Name of Company's Secretary	
Registered Address in Seychelles	
Telephone	
Fax	
Email	
Incorporation Number	

3. If the Company exists already, please indicate

Country of Incorporation / Registration	
Date of Incorporation / Registration	

4. Proposed Activity (Please select as appropriate)

Investment Management and Advice	<input type="checkbox"/>	A marketing Company	<input type="checkbox"/>
Offshore Banking	<input type="checkbox"/>	A Company holding intellectual property	<input type="checkbox"/>
Offshore Insurance	<input type="checkbox"/>	A headquarters company	<input type="checkbox"/>
Reinsurance	<input type="checkbox"/>	A human resource company	<input type="checkbox"/>
An Investment Company	<input type="checkbox"/>	A franchise company	<input type="checkbox"/>
A holding Company	<input type="checkbox"/>	A business under the ITZ	<input type="checkbox"/>
Other activity which will be subject to approval by the Authority (please specify in space below)			

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5. Corporate Details

Director 1

Name	
Passport No.	
Residential Address	

Director 2

Name	
Passport No.	
Residential Address	

Director 3

Name	
Passport No.	
Residential Address	

Director 4

Name	
Passport No.	
Residential Address	

Shareholder 1

Name	
Passport No./ Company No.	
Address	

Beneficial Owner (if Shareholder 1 is a nominee)

Name	
Passport No./ Company No.	
Address	

Shareholder 2

Name	
Passport No./ Company No.	
Address	

Beneficial Owner (if Shareholder 2 is a nominee)

Name	
Passport No./ Company No.	
Address	

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Company's Auditor

Name	
Address	
Telephone	
Fax	
Email	

Company's Legal Advisor

Name	
Address	
Telephone	
Fax	
Email	

6. Business strategy

Please provide a description of each business that the company proposes to engage in.		
Does the company intend to employ expatriates for whom work permit (s) would be required, or to set up additional offices other than that of the secretary which would require exemptions under Section 20(3), (4) and (5) of CSL Act, 2003? If Yes, please provide a detailed business plan. Use the attached checklist as a guide to the business plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration by Secretary

I certify that the information provided above is complete and correct to the best of my knowledge and belief. I understand and accept that the Financial Services Authority (the "Authority") may wish to make enquiries – both now and on a continuing basis – to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorize the named in this Questionnaire, together with any other person, body or institution (including the Police), which the Authority may approach, to provide such information, as the Authority believes may be relevant to its assessment.

Name:

Date:

Signature:

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Application Checklist

Have all the blank spaces in the Application Form been filled out?	<input type="checkbox"/>
Has the Application Form been signed and dated by the Secretary?	<input type="checkbox"/>
Has the Due Diligence & KYC Declaration been enclosed?	<input type="checkbox"/>
Have 3 copies of the Compliance Certificate been enclosed?	<input type="checkbox"/>
Have 3 copies of the Memorandum and Articles of Association been enclosed?	<input type="checkbox"/>
Have the Memorandum and Articles of Association been duly signed and dated?	<input type="checkbox"/>
Have 3 copies of each Declaration of Consent by Director been enclosed?	<input type="checkbox"/>
Have at least two directors filled out the Declaration of Consent?	<input type="checkbox"/>
Have 3 copies of the Declaration of Consent by Secretary been enclosed?	<input type="checkbox"/>
Have 3 copies of the Declaration of Registered Address been enclosed?	<input type="checkbox"/>
Has a copy of the Name Reservation Certificate been enclosed?	<input type="checkbox"/>
Have 3 copies of the Articles of Continuation been enclosed? (If applicable)	<input type="checkbox"/>
Are the articles of continuation in accordance with section 16(1)(b) of the CSL Act, 2003?	<input type="checkbox"/>
Has a detailed Business Plan been enclosed? (If applicable)	<input type="checkbox"/>
Has the Application Fee (US\$ 200 + 5% Tax) been enclosed?	<input type="checkbox"/>

Business Plan Checklist (If applicable)

Company background	<input type="checkbox"/>
Objectives of the company	
Type of activity the company will engage in	<input type="checkbox"/>
Targeted clients, Market details, Marketing strategy, etc.	<input type="checkbox"/>
Initial investment details	
Capital investment details	<input type="checkbox"/>
Office Furniture, Office equipments, Vehicles	<input type="checkbox"/>
Logistic requirements,, etc.	<input type="checkbox"/>
Operating costs	
Utilities, Communications (Telephones, Facsimile, Modem)	<input type="checkbox"/>
Administrative Costs, Salaries and Wages, Rent	<input type="checkbox"/>
Employment requirements (Locals, Expatriates, Size of workforce in Seychelles)	<input type="checkbox"/>
Finance Charges, Insurance, Training Costs, Consultancy, General Overheads, etc.	<input type="checkbox"/>
Audited accounts for the last financial year (If applicable)	<input type="checkbox"/>
3 year cash flow forecasts	<input type="checkbox"/>