



SEYCHELLES INTERNATIONAL BUSINESS AUTHORITY

Application Form for a Special Licence

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

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INSTRUCTIONS FOR APPLICATION FORM

A. Instructions for Completing the Application Form

- Answers to ALL questions should be written in INK in BLOCK LETTERS or TYPED.
- If there is insufficient space on the printed forming which to answer a question, additional information may be provided on an attachment page, a form that is attached.
- Please identify the continuation of an answer by stating the question number.
- All dates should be completed in the form: Day / Month / Year
- Where the Applicant believes that a question does not apply, the Applicant should write "***Not Applicable***" or "***N/A***". ***No question should be left unanswered.***
- This form is to be completed in English. Any documents required are to have a certified English translation appended.
- All amounts are to be recorded in United States Dollars (US\$). Conversion from foreign currency should be made using the current exchange rate.
- 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.
- Please attach to this form one (1) certified copy of passport for the secretary, directors and beneficial owners.

Categories of Acceptable Certifiers

- i. A notary public
- ii. A barrister or solicitor to the Supreme Court
- iii. A judge

NOTE: Failure to disclose and submit all necessary information may lead to the Authority rejecting the application.

APPLICATION FORM

1. PROPOSED NAME OF COMPANY

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2. APPLICANT'S DETAILS

Name of Company's Secretary	
Registered Address in Seychelles	
Telephone	
Fax	
Email	
National Identity Number or Passport Number or Company Incorporation Number.	

2.1 If the Company exists already, please indicate

2.1.1 Country of Incorporation / Registration _____

2.1.2 Date of Incorporation / Registration: _____

2.1.3 Mode of Incorporation / Registration (*please tick below*)

Continuation	<input type="checkbox"/>	Change in legal structure from IBC to CSL	<input type="checkbox"/>
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3. PROPOSED ACTIVITY

Please list proposed activity by ticking the appropriate box:

Investment Management and Advice	<input type="checkbox"/>
Offshore Banking	<input type="checkbox"/>
Offshore Insurance	<input type="checkbox"/>
Reinsurance	<input type="checkbox"/>
An Investment Company	<input type="checkbox"/>
A holding Company	<input type="checkbox"/>
A marketing Company	<input type="checkbox"/>
A Company holding intellectual property	<input type="checkbox"/>
A headquarters company	<input type="checkbox"/>
A human resource company	<input type="checkbox"/>
A franchise 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 opposite area)	<input type="checkbox"/>

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APPLICATION FORM (cont...)

4. CORPORATE DETAILS

4.1 Contact Details of Directors	
Resident Director 1	
Name:	
Director also known as:	
Residential Address:	
Telephone	
Fax	
Email	
Resident Director 2	
Name:	
Director also known as	
Residential Address:	
Telephone	
Fax	
Email	
Non-Resident Director 1	
Name	
Name also known as	
Residential Address	
Telephone	
Fax	
Email	
Non-Resident Director 2	
Name:	
Name also known as	
Residential Address:	
Telephone	
Fax	
Email	

NOTE: Please provide the following documents for each director:

- *Certified true copy of passport*
- *Certified proof of residential address*
- *Copy of CV*

APPLICATION FORM (cont...)

4.2 Contact Details of Company's Auditors	
Name	
Address	
Telephone:	
Fax:	
Email:	

4.3 Contact Details of Company's Legal Advisor	
Name	
Address	
Telephone	
Fax:	
Email:	

5. BENEFICIAL OWNERSHIP

(Please use a separate sheet the space below is insufficient)

A. Contact Details of Beneficial Owners	
Name	
Address	
Telephone:	
Fax:	
Email	
Occupation	
Nationality	
Passport Number	

B. Contact Details of Beneficial Owners	
Name	
Address	
Telephone:	
Fax:	
Email	
Occupation	
Nationality	
Passport Number	

APPLICATION FORM (cont...)

NOTE 1: Please provide the following items for each beneficial owner:

- Certified true copy of passport
- Certified proof of residential address
- Certified true copy of one bank reference
- Copy of CV

NOTE 2: If beneficial owners are companies, the following will be required:

- Certificate of Incorporation
- Business Registration certificate or licence where applicable
- Satisfactory bank or professional reference
- A recent bank statement and tax assessment
- A copy of the Company's Memorandum and Articles of Association
- Audited accounts of the last financial year
- Identify the beneficial owners and shareholders of the company shares. These individuals will have to fill out a Personal Questionnaire form and submit all relevant due diligence documents, as required in Note 1 above and of the checklist of the Personal Questionnaire form.

6. FINANCIAL RESOURCES

6.1	Amount to be capitalised by the Company	
7.1.1	By Equity	
7.1.2	By Loan:	
7.1.3	Estimated Volume of Business in the first 12 months:	
7.1.5	Any other information considered relevant:	

6.2 Share Capital (specify whether at par value or not)

Stated Capital: _____

Amount to be represented by No Par Value Shares: _____

Authorised Capital: _____

Types and Classes of Shares: a) _____ shares of _____ par value

b) _____ shares of _____ par value

Issued: _____

7. OTHER LICENSES

Has an application been made or is it proposed to make an application in Seychelles for any other license (e.g. SITZ, PCC, etc...)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide details.		

Declaration by Secretary

I certify that the information provided above is complete and correct to my best knowledge and belief. I understand and accept that the Seychelles International Business 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.

Date Signature.....

Name.....

APPLICATION FORM (CHECK LIST)

Important Information

Below is a checklist which has been designed to assist applicants to ensure that all of the information required by SIBA is submitted when making an application for a special license under the Companies (Special Licenses) Act, 2003. This checklist is to serve as a guideline as the Companies (Special Licenses) Act, 2003 will ultimately apply. The Authority will contact the Secretary should it require further information.

A. APPLICATION FORM	
▪ Have all the blank spaces been filled out with the requested submission for information?	
▪ Has the Application form been signed and dated by the Secretary?	
▪ Have the requested certified true copies of passports for the Directors and Beneficial owners been submitted?	
▪ Have the requested certified proof of residential address for Directors and Beneficial owners been submitted (utility bills, bank statements etc...)?	
▪ Have the requested CV's of the Directors and Beneficial owners been submitted?	
▪ Have two original bank references been submitted for Directors and Beneficial owners been submitted?	
B. DECLARATION OF REGISTERED ADDRESS	
▪ Have all the blank spaces been filled out?	
▪ Have 3 copies of the Declaration of Registered Address been submitted to the Authority?	
C. DECLARATION OF CONSENT BY DIRECTORS	
▪ Have at least two directors filled out the declaration?	
▪ Have all the blank spaces been filled out?	
▪ Have 3 copies of each Declaration of Consent by Directors been submitted to the Authority?	
D. DECLARATION OF CONSENT BY SECRETARY	
▪ Ensure that the secretary is either a resident of Seychelles or a Seychelles body corporate?	
▪ Have all the blank spaces been filled out?	
▪ Have 3 copies of each Declaration of Consent by Secretary been submitted to the Authority?	
E. NAME RESERVATION CERTIFICATE (if any)	
▪ If issued by the Authority, have three copies of the name reservation certificate been submitted?	
F. MEMORANDUM & ARTICLES OF ASSOCIATION	
▪ Do the memorandum and articles comply with the incorporation requirements of the Companies Act, 1972?	
▪ Have 3 copies of the memorandum and articles been submitted to the Authority?	
G. COMPLIANCE CERTIFICATE	
▪ Has a legal practitioner practicing law in Seychelles certified that the me memorandum and articles comply to the Companies Act, 1972?	
▪ Have 3 copies of this certificate of Compliance been submitted to the Authority?	
H. ARTICLES OF CONTINUATION (if applicable)	
▪ Have the articles of continuation been submitted in accordance with section 16(1)(b) of the Companies (Special Licenses) Act, 2003?	
I. DETAILED BUSINESS PLAN	
J. Projected Revenues (required)	
▪ Three year Financial Forecast of Profit and Loss Accounts, and Cash Flow Statements	
K. APPLICATION FOR INCORPORATION FEE	
▪ Have US\$ 200.00, plus 5% Business Tax, been submitted to the Authority together with the application documents?	