

Application for a Licence or Certificate as a Financial Services Business Provider

F100

Part 6
Page 1

PART 6: Declaration

I, , applicant/applicant's agent herein, do hereby declare, on behalf of , (name of applicant) that the information provided in this application is, to our knowledge and belief, true and accurate and that all documents submitted with this application with respect to the applicant have been verified as authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and may cause enforcement action to be taken against the applicant.

Signed by

Name

Position

Contact Details

(Provide physical address
email address and telephone
and facsimile numbers)

Date

(dd)

(mm)

(yyyy)

FSC USE ONLY

Date Received

Application Processed By

Date considered by LSC

Application

Approved

Denied

Deferred

Reason(s) for denial or deferral (if applicable)

