

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

F100

Part 2
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PART 2: Additional information required in the case of a Banking or Fiduciary Services Business Licence Application

19. Registered Office/Registered Agent Services

Please indicate if the applicant intends to provide any of the following services.

Registered Office Registered Agent

20. Authorised Agents

Please provide below the names and addresses of persons who have been appointed to act as Authorised Agents for the Applicant:

Name of Authorised Agent(s)

<input type="text"/>	<input type="text"/>
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(First Name)

(Last Name)

Tel: <input type="text"/>	Fax: <input type="text"/>	E-mail: <input type="text"/>
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<input type="text"/>	<input type="text"/>
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(First Name)

(Last Name)

Tel: <input type="text"/>	Fax: <input type="text"/>	E-mail: <input type="text"/>
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<input type="text"/>	<input type="text"/>
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(First Name)

(Last Name)

Tel: <input type="text"/>	Fax: <input type="text"/>	E-mail: <input type="text"/>
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<input type="text"/>	<input type="text"/>
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(First Name)

(Last Name)

Tel: <input type="text"/>	Fax: <input type="text"/>	E-mail: <input type="text"/>
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21. Subsidiary companies of Applicant (to be included in the licence)

21.1 List below all the subsidiary companies of the Applicant that are to be included in the licence.

Name	Principal Office	Registered Office	Activity

21.2 Due Incorporation of Subsidiary Companies

Name of Subsidiary	For FSC Use Only	Name of Subsidiary	For FSC Use Only
Date of Incorporation	<input type="checkbox"/>	Date of Incorporation	<input type="checkbox"/>
Place of Incorporation	<input type="checkbox"/>	Place of Incorporation	<input type="checkbox"/>
Registration or Incorporation Number	<input type="checkbox"/>	Registration or Incorporation Number	<input type="checkbox"/>
Please attach and properly mark, the following:		Please attach and properly mark, the following:	
Certificate of Incorporation	<input type="checkbox"/>	Certificate of Incorporation	<input type="checkbox"/>
Memorandum of Association	<input type="checkbox"/>	Memorandum of Association	<input type="checkbox"/>
Charter/Articles of Association	<input type="checkbox"/>	Charter/Articles of Association	<input type="checkbox"/>
Evidence of Good Standing (where applicable)	<input type="checkbox"/>	Evidence of Good Standing (where applicable)	<input type="checkbox"/>

Name of Subsidiary		For FSC Use Only
Date of Incorporation		<input type="checkbox"/>
Place of Incorporation		<input type="checkbox"/>
Registration or Incorporation Number		<input type="checkbox"/>
Please attach and properly mark, the following:	Certificate of Incorporation	<input type="checkbox"/>
	Memorandum of Association	<input type="checkbox"/>
	Charter/Articles of Association	<input type="checkbox"/>
	Evidence of Good Standing (where applicable)	<input type="checkbox"/>

Name of Subsidiary		For FSC Use Only
Date of Incorporation		<input type="checkbox"/>
Place of Incorporation		<input type="checkbox"/>
Registration or Incorporation Number		<input type="checkbox"/>
Please attach and properly mark, the following:	Certificate of Incorporation	<input type="checkbox"/>
	Memorandum of Association	<input type="checkbox"/>
	Charter/Articles of Association	<input type="checkbox"/>
	Evidence of Good Standing (where applicable)	<input type="checkbox"/>

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Date of Incorporation		<input type="checkbox"/>
Place of Incorporation		<input type="checkbox"/>
Registration or Incorporation Number		<input type="checkbox"/>
Please attach and properly mark, the following:	Certificate of Incorporation	<input type="checkbox"/>
	Memorandum of Association	<input type="checkbox"/>
	Charter/Articles of Association	<input type="checkbox"/>
	Evidence of Good Standing (where applicable)	<input type="checkbox"/>

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Date of Incorporation		<input type="checkbox"/>
Place of Incorporation		<input type="checkbox"/>
Registration or Incorporation Number		<input type="checkbox"/>
Please attach and properly mark, the following:	Certificate of Incorporation	<input type="checkbox"/>
	Memorandum of Association	<input type="checkbox"/>
	Charter/Articles of Association	<input type="checkbox"/>
	Evidence of Good Standing (where applicable)	<input type="checkbox"/>

23. Additional Banking Licence Requirements

In the case of an application for a Banking licence, the following additional information must be provided with the Application:

- (1) A letter from the home supervisory authority, in the case of an application to establish a branch or subsidiary, confirming its satisfaction with the application to establish a branch or subsidiary by the Bank, subject to its supervision.
- (2) A Business Plan which must include the following information:
 - A. Business objectives and rationale for the proposed operation outlining:
 - i) Background;
 - ii) Market Environment;
 - iii) Strategic Objectives; and
 - iv) Financial Objectives.
 - B. Management structure and operations outlining:
 - i) Overview of management structure;
 - ii) Group structure;
 - iii) Head office/parental support;
 - iv) Staffing; and
 - v) Location.
 - C. Business Development outlining:
 - i) Overall objectives;
 - ii) Source(s) of funding;
 - iii) Products/types of assets;
 - iv) Off balance sheet operations;
 - v) Investment business; and
 - vi) Marketing Strategy;
 - D. Financial Projections (three years) outlining:
 - i) Balance Sheet;
 - ii) Income Statement;
 - iii) Assumptions; and
 - iv) Sensitivity Analysis.
 - E. Operating Policies outlining:
 - i) Capital adequacy;
 - ii) Liquidity;
 - iii) Risk concentration (i.e. large exposures, country risk); and
 - iv) Risk management (i.e. limits, financial controls)
 - F. Internal Controls outlining:
 - i) General control environment;
 - ii) Management information; and
 - iii) Internal audit.