Seychelles Reinsurance Global Holdings Limited.

**LOCAL INVESTOR APPLICATION FORM**

# General Information:

* The application form should be completed in BLOCK LETTERS.
* Information provided in this application and its annexes is treated with strict confidentiality, as all information received from the investor is.
* All questions must be answered in full. In case the space allocated proves insufficient,

a separate sheet can be used and attached to the application after making a note to that effect.

* Please ensure that full requested are properly numbered and is relevant to the question asked.
* Documents substantiating the information provided in this application are to be attached, mainly the following certified true copies pertaining to the investor.
  1. The constitutional documents -
     1. Certificate of incorporation
     2. Memorandum of Association
     3. Articles of Association
     4. Register of Directors
     5. Register of Members
     6. Register of Ultimate Beneficial Owners
     7. Certificate of good standing
     8. Copy of the institutional licence
     9. Audited Financial statements.
  2. KYC documents of Directors and Shareholders of the Company which include
     1. Proof of identity – Passport copy
     2. Recent proof of address viz. Utility Bill, Bank statement less than 3 months old
     3. Tax certificate
     4. Police character certificate.
  3. Any other information available for the Company.

# The Investor details:

* 1. Name:…………………………………………………………………………………... Address:

P.O. Box……………..…………..Tel:…..………………………..Fax:...……………………………. E-mail:…………………………. Website :…………………………

City……………………. Country……………………………….

* 1. Legal status (natural / entity):………………………………………..………………
  2. Legal form (if the applicant is an entity):……………………………………...
  3. Company Number and Date of Incorporation …………………………………………
  4. Nationality/Country of Incorporation………………..…………………………………..
  5. List of the investor's shareholders:

|  |  |  |
| --- | --- | --- |
| Name | Nationality | % of Shares to Capital |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Brief description of the investor's nature of business:

……………………………………………………………………………………………… ....

……………………………………………………………………………………………… ....

* 1. Does the investor belong to a group? ◻ Yes ◻ No (If yes, please state the name of the mother company and its nationality)

……………………………………………………………………………………………… .....

* 1. Authorized Contact Person: Name:…………………………………. Title:……………………………

Tel:………………………….Fax:…………………………..E-mail:…………………………

# Ultimate Beneficial Owner details:

1. Name:…………………………………………………………………………………... Address: P.O.Box:……………..………Tel.:…..………………………..Fax:…...……………………… E-mail:……………………………. Website:……………………

City……………………. Country……………………………….

2, Legal form:……………………………………………………………………………...

3. Date of incorporation:……………………………………………………………….….

1. Nationality/Country of Incorporation………………..…………………………………..
2. List of the principle shareholders:

|  |  |  |
| --- | --- | --- |
| Name | Nationality | % of Ownership |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Subscription of Shares details:**

Note: Share price is fixed as USD 100 per share and shares available for subscription are 15,000 shares. Allowable minimum subscription will be 100 shares and Maximum subscription will be 2,500 shares.

1. Number of Shares applied for: ……………………………………………………….
2. Total Subscription Amount: ………………………………………………………….
3. Sources of funds:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of funds | Equity (%) | Loans (%) | Dividend (%) | Others (%) |
|  |  |  |  |  |
|  |  |  |  |  |

1. Mode of transfer of investment:

◻ In Cash/Bank Transfer

Value:…………………………………….………...………………………….. Date of transfer: ………...………………………………………...……………

**Bank Account – Seychelles Reinsurance Global Holdings Limited:**

Bank One Limited

USD Account No. XXXXXX,

SWIFT XXXXXXXX

IBAN XXXXXXXX

# Other Information:

* 1. Does the investor have any additional information about factors which might

affect (favourable or unfavourable) this investment and/or any of anticipated risks,

◻ Yes ◻ No

(If yes, please provide details)

……………………………………………………………………………………………… .....

……………………………………………………………………………………………… .....

* 1. Have any other non-commercial risks been identified regarding this investment?

◻ Yes ◻ No

(If yes, please provide details of the risks)

……………………………………………………………………………………………… .....

……………………………………………………………………………………………… .....

* 1. State any other factors or considerations not referred to elsewhere in this application which might affect the conclusion of the insurance investment or its scope:

……………………………………………………………………………………………… .....

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I certify/ confirm that the information given hereinabove is true and accurate, and that I have not misrepresented or hidden any information that may affect the investment decision in any way should such information or facts be known to them, and I hereby undertake to bear all the consequences if proved otherwise.

Signature: ……………….…….….. Name: ……..………………………

Capacity: ...………………………… Date:……………………………......