



**CENTRAL BANK OF SEYCHELLES**

**LICENCE APPLICATION FORM  
CLASS A BUREAU DE CHANGE**

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**Telephone:**[+248] 282-000 **Fax:** [+248] 323-665 **E-mail:** Licence-application@cbs.sc

**\* Use a separate sheet if space is not adequate**

1. Name of Applicant<sup>1</sup>

2. Date of Incorporation

3. Country of Incorporation

3. Contact Person

a. Contact Telephone Number

b. Contact Fax Number

c. Email Address

4. Applicant's Postal Address

5. Name of Parent Company

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<sup>1</sup> Name of company set up solely to do Bureau de Change Business

6. Attach a certified true copy of the Certificate of Incorporation of the applicant.
7. Attach a certified true copy of the Memorandum and Articles of Association of the applicant.
8. Specify the capital structure of the applicant in Rupees.
  - a) Authorised Share Capital
  - b) Issued Share Capital
  - c) Paid up/Assigned Share Capital
9. Provide a copy of the Return of Allotment.
10. Attach the Curriculum Vitae (including the name, national identification number, address, age, occupation, nationality, academic background, working experience, directorship in other companies and the names and contact details of three referees of which one shall be financial in nature) along with a recent passport photo, of each of the directors/senior officers of the applicant.
11. State whether any of the directors/senior officers has ever been convicted in a court of law for an offence involving fraud, dishonesty or has ever been under investigation for any professional negligence or malpractice by any regulatory authority in any country.
12. State the location of the principal and other places where the applicant proposes to conduct business (Please specify the number of branches).
13. State proposed hours of business.
14. If the applicant is part of a group of companies submit a diagram that shows the position of all members of the group including the Bureau de Change as if licensed.
15. Submit a description of internal controls together with projected balance sheets, profit and loss accounts and cash flow statements for the next three financial years.
16. Name and address of the applicant's proposed auditor.
17. Please provide any other information which may be of assistance in considering the application.

*Please note that the Central Bank may require the submission of additional information should the need arise.*

**DECLARATION**

This declaration must be completed in ink in BLOCK CAPITALS or typed and should be signed by two Directors.

We declare that the information supplied in the application dated \_\_\_\_\_ is complete and correct to the best of our knowledge at the time of this declaration. We understand that providing false information for the purpose of obtaining a licence is an offence under Section 13(1)(a) of the Financial Institutions Act, 2004 as amended and is liable to a penalty as stated under Section 63(1)(d) of the Financial Institutions Act, 2004 as amended.

We also understand that the provisions of such information will invalidate this application, or cause the Central Bank to revoke any licence which may have been granted on the basis of it.

Name of Director \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Director \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_