



# TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

**THE INSURANCE ORDINANCE 1989 (CAP. 16.06)  
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)**

## ASSESSMENT FORM AND CHECKLIST FOR DOCUMENTS TO BE SUBMITTED WITH APPLICATION FOR INSURER'S LICENCE

[Section 4. (1) (a)]

*["Insurer" – a person carrying on Insurance Business, including an Association of individual underwriters including Lloyd's of London and other associations of underwriters recognised by the Financial Services Commission and which comply with such laws enacted in their principal place of residence for their regulation and supervision.]*

[Section 2]

PLEASE COMPLETE ALL APPLICABLE SECTIONS OF THIS ASSESSMENT AS FULLY AS POSSIBLE

**AREAS SHADED IN GREY ARE RESERVED FOR FSC USE ONLY**

### SECTION I: PARTICULARS OF APPLICATION

<b>1.1</b>	APPLICANT'S NAME			
<b>1.2</b>	ADDRESS OF PRINCIPAL OFFICE			
<b>1.3</b>	ADDRESS OF REGISTERED TCI OFFICE			
<b>1.4</b>	<b>TYPE OF COMPANY (tick applicable section):</b>			
	(i) DOMESTIC GENERAL			
	(iii) DOMESTIC LONG TERM (LIFE)			
<b>1.5</b>	<b>CLASS(ES) OF INSURANCE BUSINESS TO BE CARRIED ON BY APPLICANT (tick applicable sections):</b>			
	(i) LONG TERM (LIFE)		(ii) PROPERTY	
	(iv) LIABILITY EL/WC/ PL		(v) MARINE	
	(vii) BONDS		(viii) AVIATION	
			(ix) PERSONAL ACCIDENT	
			(x) OTHER	

### SECTION II: REQUIREMENTS FOR COMPANY FORMATION OR REGISTRATION

(A) COMPANY FORMATION		DATE OR SECTION OF DOCUMENT	FSC USE ONLY	
<b>2.1</b>	APPLICATION FORM SIGNED, DATED AND WITNESSED (IDENTIFY ANY ATTACHMENTS)			
<b>2.2</b>	INCORPORATION/FORMATION FEE PAID			
<b>2.3</b>	THREE COPIES OF MEMORANDUM OF ASSOCIATION, ARTICLES OF ASSOCIATION AND BYE-LAWS OF THE COMPANY  <b>-Note: Insurance Regulation 11 strictly prohibits bearer shares. All applicable constitutional documents must exclude the power to issue or own bearer shares.</b>			
<b>2.4</b>	<b>TYPE OF COMPANY (tick applicable section):</b>			
	(i) ORDINARY (PART)		(ii) FOREIGN (PART)	
<b>2.5</b>	MINIMUM OF 2 DIRECTORS SPECIFIED BY THE ARTICLES OF ASSOCIATION			



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<b>(B) COMPANY REGISTRATION</b> <i>(Registration of a Foreign Company if Externally incorporated)</i>		DATE OR SECTION OF DOCUMENT	FSC USE ONLY
<b>2.1</b>	APPLICATION FORM SIGNED, DATED AND WITNESSED (IDENTIFY ANY ATTACHMENTS)		
<b>2.2</b>	REGISTRATION FEE		
<b>2.3</b>	THREE COPIES OF MEMORANDUM OF ASSOCIATION, ARTICLES OF ASSOCIATION AND BYE-LAWS OF THE COMPANY.  <b>-Note: Insurance Regulation 11 strictly prohibits bearer shares. All applicable constitutional documents must exclude the power to issue or own bearer shares.</b>		
<b>2.4</b>	TYPE OF COMPANY <b>(tick applicable section):</b>		
	(ii) FOREIGN (PART) <input checked="" type="checkbox"/>		
<b>2.5</b>	IF A REGISTERED COMPANY, ATTACH A CERTIFIED COPY/APOSTILLED COPY/NOTARISED COPY OF THE CERTIFICATE OF INCORPORATION OR CHARTER OR OTHER PROOF OF INCORPORATION IDENTIFYING:  (i) COMPANY REGISTRATION NUMBER (ii) DATE OF REGISTRATION (iii) JURISDICTION OF REGISTRATION		
<b>2.6</b>	CERTIFICATE OF GOOD STANDING		
<b>2.7</b>	NAME OF CONSENTING RESIDENT APPOINTED FOR SERVICE OF LEGAL PROCESS AND LETTER OF CONSENT		

## SECTION III: REQUIREMENTS FOR AN INSURANCE LICENCE

<b>(A) TCI INCORPORATED COMPANY</b>		DATE OR SECTION OF DOCUMENT	FSC USE ONLY
<b>3.1</b>	APPLICATION FORM FOR AN INSURANCE LICENCE		
<b>3.2</b>	APPLICATION FEE		
<b>3.3</b>	IDENTIFICATION OF BENEFICIAL OWNER(S); FOR EACH IDENTIFIED WE REQUIRE:  (i) BIOGRAPHICAL AFFIDAVITS COMPLETED, SIGNED AND NOTARIZED (ii) THREE REFERENCES ONE OF WHICH MUST BE FINANCIAL (iii) STATEMENT OF AFFAIRS (iv) CURRICULUM VITAE (v) CERTIFIED PASSPORT IDENTIFICATION (vi) POLICE RECORD FROM COUNTRY OF RESIDENCE		
<b>3.4</b>	IDENTIFICATION OF DIRECTORS (MINIMUM OF 2) FOR EACH DIRECTOR WE REQUIRE:  (i) BIOGRAPHICAL AFFIDAVITS COMPLETED, SIGNED AND NOTARIZED (ii) THREE REFERENCES ONE OF WHICH MUST BE FINANCIAL (iii) STATEMENT OF AFFAIRS (iv) CURRICULUM VITAE (v) CERTIFIED PASSPORT IDENTIFICATION (vi) POLICE RECORD FROM COUNTRY OF RESIDENCE		
<b>3.5</b>	IDENTIFICATION OF MANAGERS AND SENIOR OFFICERS FOR EACH MANAGER AND/OR OFFICER IDENTIFIED:  (i) BIOGRAPHICAL AFFIDAVITS COMPLETED, SIGNED AND NOTARIZED (ii) THREE REFERENCES ONE OF WHICH MUST BE FINANCIAL (iii) CURRICULUM VITAE (iv) CERTIFIED PASSPORT IDENTIFICATION		



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	(v) POLICE RECORD FROM COUNTRY OF RESIDENCE																						
<b>3.6</b>	<p><b>5 YEAR BUSINESS PLAN</b> AS SPECIFIED BY THE INSURANCE REGULATIONS THAT <b>MUST ALSO INCLUDE THE FOLLOWING:</b></p> <p>(i) PRO FORMA BALANCE SHEET  (ii) PRO FORMA INCOME STATEMENT  (iii) MINIMUM NET WORTH UNDERTAKING (CAN BE SUBMITTED POST INCORPORATION BUT PRIOR TO THE ISSUE OF THE INSURANCE LICENCE). THE <b>INSURANCE REGULATIONS</b> PROVIDE A GUIDE TO THE MINIMUM NET WORTH REQUIREMENTS AND CALCULATIONS.</p>																						
<b>3.7</b>	<p>CAPITAL REQUIREMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 5%;"></th> <th style="width: 30%;">CAPITAL</th> <th style="width: 20%;">AMOUNT \$US</th> <th style="width: 45%;">SOURCE OF FUNDS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">I</td> <td>AUTHORISED</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">II</td> <td>PAID UP</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">III</td> <td>DEPOSITS</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">IV</td> <td>OTHER</td> <td></td> <td></td> </tr> </tbody> </table> <p><i>* A supplemental sheet can be added if the space above is insufficient.</i></p>		CAPITAL	AMOUNT \$US	SOURCE OF FUNDS	I	AUTHORISED			II	PAID UP			III	DEPOSITS			IV	OTHER				
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<b>3.8</b>	<p>CONSENTING AUDITOR'S LETTER OF ACCEPTANCE</p> <p><i>Note: The designated Auditors should hold a valid Local business licence.</i></p>																						
<b>3.9</b>	<p>DOES THE AUDITOR HOLD A VALID LOCAL BUSINESS LICENCE?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>																						
<b>3.10</b>	<p>SPECIMEN OF POLICIES TO BE OFFERED (<b>DOMESTIC INSURERS ONLY</b>)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>																						
<b>3.11</b>	<p>ACTUARIAL CERTIFICATION OF THE PREMIUM RATES ATTACHED:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>Note: Actuarial certification of the premium rates used for the policies is required by the FSC</i></p>																						
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<b>3.13</b>	<p>LETTER OF UNDERTAKING FROM PROPOSED INTERMEDIARIES:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/></p> <p><i>Note: Letter of Undertaking is required for the proposed intermediary.</i></p>																						
<b>3.14</b>	<p>APPOINTED ACTUARY:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/></p>																						
<b>3.15</b>	<p>CONSENTING ACTUARY'S LETTER OF ACCEPTANCE:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/></p>																						
<b>3.16</b>	<p>TYPE OF REINSURANCE ARRANGEMENTS (<i>tick applicable sections</i>):</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 25%;">QUOTA SHARE</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 25%;">FACULTATIVE</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 30%;">SURPLUS</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> </table>	QUOTA SHARE	<input type="checkbox"/>	FACULTATIVE	<input type="checkbox"/>	SURPLUS	<input type="checkbox"/>																
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	RISK EXCESS OF LOSS		STOP LOSS		AGGREGATE EXCESS OF LOSS				
<b>3.17</b>	<b>STATE THE NAMES OF THE REINSURERS OR ASSOCIATIONS OF UNDERWRITERS WHICH WILL REINSURE THE COMPANY'S BUSINESS:</b>								
	<b>NAME</b>				<b>RATING</b>				
	<i><b>Note: Rating may be A.M. Best or other acceptable rating.</b></i>								
<b>3.18</b>	DOES THE APPLICANT HAVE AN AML/PFT MANUAL?  YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>3.19</b>	IS THE AML/PTF MANUAL SUBMITTED?  YES <input type="checkbox"/> NO <input type="checkbox"/>  <i><b>Note the FSC will not issue any licence until it is satisfied that there is an AML/PFT manual which is approved by the FSC.</b></i>								
<b>3.20</b>	HAS A COMPLIANCE OFFICER BEEN APPOINTED?  YES <input type="checkbox"/> NO <input type="checkbox"/>  <i><b>Note: The Compliance Officer must be approved by the FSC and the requirements outlined in Question 5 will be applicable.</b></i>  <i><b>The Statement of Affairs only required if the Compliance Officer is a Senior Officer or Director of the Company.</b></i> IF YES; ARE THE REQUIREMENTS FOR APPROVAL SUBMITTED?  YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>3.21</b>	HAS A MONEY LAUNDERING REPORTING OFFICER APPOINTED?  YES <input type="checkbox"/> NO <input type="checkbox"/>  <i><b>Note: The MLRO must be approved by the FSC and the requirements outlined in Question 5 will be applicable.</b></i>  <i><b>The Statement of Affairs only required if the MLRO is a Senior Officer or Director of the Company.</b></i> IF YES; ARE THE REQUIREMENTS FOR APPROVAL SUBMITTED?  YES <input type="checkbox"/> NO <input type="checkbox"/>								
<b>3.22</b>	INDICATE ANY SPECIAL CONDITIONS/REQUIREMENTS APPLICABLE (EG CUSTODIAL AGREEMENTS/TRUST FUND ETC.)								



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## SECTION III: REQUIREMENTS FOR AN INSURANCE LICENCE

### (B) REGISTERED FOREIGN COMPANY (if Externally incorporated)

		DATE OR SECTION OF DOCUMENT	FSC USE ONLY																		
3.1	AWARENESS OF APPLICATION STATEMENT FROM HOME COUNTRY REGULATOR																				
3.2	APPLICATION FORM FOR AN INSURANCE LICENCE																				
3.3	APPLICATION FEE																				
3.4	IDENTIFICATION OF BENEFICIAL OWNER(S); BIOGRAPHICAL AFFIDAVIT(S) COMPLETED, SIGNED AND NOTARIZED																				
3.5	IDENTIFICATION OF DIRECTORS (MINIMUM OF 2) FOR EACH DIRECTOR WE REQUIRE:  (i) BIOGRAPHICAL AFFIDAVITS COMPLETED, SIGNED AND NOTARIZED (ii) THREE REFERENCES ONE OF WHICH MUST BE FINANCIAL (iii) STATEMENT OF AFFAIRS (iv) CURRICULUM VITAE (v) CERTIFIED PASSPORT IDENTIFICATION (vi) POLICE RECORD FROM COUNTRY OF RESIDENCE																				
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3.7	PROOF THAT THE COMPANY IS EMPOWERED TO WRITE RELEVANT TYPE(S) OF BUSINESS.																				
3.8	<b>5 YEAR BUSINESS PLAN</b> AS SPECIFIED BY THE INSURANCE REGULATIONS THAT <b>MUST</b> ALSO INCLUDE THE FOLLOWING:  (i) PRO FORMA BALANCE SHEET (ii) PRO FORMA INCOME STATEMENT (iii) MINIMUM NET WORTH UNDERTAKING (CAN BE SUBMITTED POST INCORPORATION BUT PRIOR TO THE ISSUE OF THE INSURANCE LICENCE). THE <b>INSURANCE REGULATIONS</b> PROVIDE A GUIDE TO THE MINIMUM NET WORTH REQUIREMENTS AND CALCULATIONS.																				
3.9	COPIES OF THE AUDITED FINANCIALS FOR THE LAST THREE (3) YEARS																				
3.10	<p><b>CAPITAL REQUIREMENTS</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">CAPITAL</th> <th style="width: 35%;">AMOUNT \$US</th> </tr> </thead> <tbody> <tr> <td>i</td> <td>AUTHORISED</td> <td></td> </tr> <tr> <td>ii</td> <td>PAID UP</td> <td></td> </tr> <tr> <td>iii</td> <td>SOURCE OF INITIAL CAPITAL</td> <td></td> </tr> <tr> <td>iv</td> <td>DEPOSITS (PROPOSED IN THE TCI)</td> <td></td> </tr> <tr> <td>v</td> <td>OTHER</td> <td></td> </tr> </tbody> </table> <p><i>* A supplemental sheet can be added if the space above is insufficient.</i></p>		CAPITAL	AMOUNT \$US	i	AUTHORISED		ii	PAID UP		iii	SOURCE OF INITIAL CAPITAL		iv	DEPOSITS (PROPOSED IN THE TCI)		v	OTHER			
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<b>3.11</b>	CONSENTING AUDITOR'S LETTER OF ACCEPTANCE  <i>Note: The designated Auditors should hold a valid Local business licence.</i>				
<b>3.12</b>	SPECIMEN OF POLICIES TO BE OFFERED ( <b>DOMESTIC INSURERS ONLY</b> ) SUBMITTED:  YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>3.13</b>	ACTUARIAL CERTIFICATION OF THE PREMIUM RATES ATTACHED:  YES <input type="checkbox"/> NO <input type="checkbox"/>  <i>Note: Actuarial certification of the premium rates used for the policies is required by the FSC</i>				
<b>3.14</b>	PROPOSED INTERMEDIARIES ( <i>tick applicable sections</i> ):				
	INSURANCE BROKER	<input type="checkbox"/>	<input type="checkbox"/>		
	INSURANCE AGENT	<input type="checkbox"/>	PRINCIPAL INSURANCE REPRESENTATIVE <input type="checkbox"/>		
	NONE	<input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>		
<b>3.15</b>	LETTER OF UNDERTAKING ATTACHED FROM PROPOSED INTERMEDIARIES:  YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>  <i>Note: Letter of Undertaking is required for the proposed intermediary.</i>				
<b>3.16</b>	APPOINTED ACTUARY:  YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>  <i>If yes, consenting Actuary's Letter of Acceptance should be submitted.</i>				
<b>3.17</b>	TYPE OF REINSURANCE ARRANGEMENTS ( <i>tick applicable sections</i> ):				
	QUOTA SHARE	<input type="checkbox"/>	FACULTATIVE <input type="checkbox"/>	SURPLUS <input type="checkbox"/>	
	RISK EXCESS OF LOSS	<input type="checkbox"/>	STOP LOSS <input type="checkbox"/>	AGGREGATE EXCESS OF LOSS <input type="checkbox"/>	
<b>3.18</b>	STATE THE NAMES OF THE REINSURERS OR ASSOCIATIONS OF UNDERWRITERS WHICH WILL REINSURE THE COMPANY'S BUSINESS:				
	<b>NAME</b>	<b>RATING</b>			
	<i>Note: Rating may be A.M. Best or other acceptable rating.</i>				
<b>3.19</b>	ANTI-MONEY LAUNDERING, COMBATING THE FINANCING OF TERRORISM-AML/CFT:				
(i)	DOES THE APPLICANT HAVE AN AML/PTF MANUAL?  YES <input type="checkbox"/> NO <input type="checkbox"/>				



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(ii)	<p>IS THE AML/PTF MANUAL SUBMITTED?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>Note the FSC will not issue any licence until it is satisfied that there is an AML/PFT manual which is approved by the FSC.</b></p>		
(iii)	<p>HAS A COMPLIANCE OFFICER BEEN APPOINTED?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>Note: The Compliance Officer must be approved by the FSC and the requirements outlined in Question 6 will be applicable.</b></p> <p><i>The Statement of Affairs only required if the Compliance Officer is a Senior Officer or Director of the Company.</i></p> <p>IF YES; ARE THE REQUIREMENTS FOR APPROVAL SUBMITTED?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>		
(iv)	<p>HAS A MONEY LAUNDERING REPORTING OFFICER BEEN APPOINTED?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>Note: The MLRO must be approved by the FSC and the requirements outlined in Question 6 will be applicable.</b></p> <p><i>The Statement of Affairs only required if the MLRO is an Officer or Director of Company.</i></p> <p>IF YES; ARE THE REQUIREMENTS FOR APPROVAL SUBMITTED?</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>		
<b>3.20</b>	<p>MINIMUM NET WORTH UNDERTAKING MUST BE SUBMITTED.</p> <p><i>The Insurance Regulations provide a guide to the Minimum Net Worth requirements and calculations.</i></p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/>      NOT APPLICABLE <input type="checkbox"/></p>		
<b>3.21</b>	<p>INDICATE ANY SPECIAL CONDITIONS/REQUIREMENTS APPLICABLE (E.G. CUSTODIAL AGREEMENTS/TRUST FUND ETC.)</p>		



# TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

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## GENERAL COMMENTS/OBSERVATIONS/RECOMMENDATIONS OF ASSESSING OFFICER

### RESULTS OF DUE DILIGENCE CHECKS:

SATISFACTORY

CLARIFICATION REQUIRED

NOT SUITABLE

### DECISION:

BASIC INFORMATION REQUIRED NOT RECEIVED

ADDITIONAL INFORMATION/SUBMISSIONS REQUIRED FOR PROPER ASSESSMENT (STATE ABOVE)

LICENCE RECOMMENDED

LICENCE APPLICATION DENIED (SEE DETAILS ATTACHED)

CHECKED BY: \_\_\_\_\_

HEAD OF INSURANCE \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

***[N.B.: Licence will not be released until all documents requested have been received and evidence of incorporation/registration has been submitted to the FSC].***