



CENTRAL BANK OF SEYCHELLES

LICENCE APPLICATION FORM
CLASS B BUREAU DE CHANGE

Telephone:[+248] 282-000 Fax: [+248] 226-104 E-mail: Licence-application@cbs.sc

- 1. Name of applicant
2. Address of applicant
3. Contact details
4. Date and place of incorporation
5. Specify the capital structure of the applicant in Rupees:
6. List of major shareholders and percentage of their shareholdings.
7. Curriculum Vitae
8. State whether any of the directors/senior officers has ever been convicted...
9. Place(s) where the business of Bureau de Change will be carried out.
10. State the proposed hours of business.
11. Name of the firm of auditors that the applicant proposes to appoint...
12. Provide any other information considered relevant for processing the application.

We certify that, to the best of our knowledge and belief, the attached information is true, complete and correct and we also agree to abide by the terms and conditions applicable to a Bureau de Change licence and to such other conditions as may be imposed by the Central Bank from time to time.

Date: Authorized Signature:
Date: Authorized Signature:

1 Name of the company set up solely to do Bureau de Change Business. Please note that CBS may require the submission of additional information should the need arise.