

THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES

BANKING LICENCE APPLICATION

Under the International banking Act of 2001

Name of bank:
Alternative name(s)
a)
b)
c)
Permited sufixes : PLC, Public Limited Company, LTD, Limited, Corp, Corporation, Inc, Incorporaed, SA, Societa Anonima, AG, Aktien Gesellschaft, S.p.A, Società per Azioni)
CLASSES OF BANKING LICENCES
☐ General International (Offshore)Banking Licence CLASS A (Unlimited Banking business)
☐ Restricted International (Offshore) Banking Licence CLASS B1(Unlimited Banking business with 5 currencies)
☐ Restricted International (Offshore) BankingLicence CLASS B2 (Limited banking business with permited entities)

DIRECTORS:

(Note: min TWO directors are requested for banking company, Corporate directors are not permited)

1st Director Details Resident Address: Tel:......Fax:..... Cellular: E-mail: Date of Birth (DD/MM/YYYY):.....Place of Birth:.... Citizenship: Personal ID No.:......Country of Issue:..... (Note: please attach to the application copy of passport or Government ID) **Business reference** Name of Company:.... Address:.... Tel:..... E-mail:.... Banking reference Name of Bank:.... Address:

Tel:..... E-mail:....

2nd Director Details

Name :	Surname:
Resident Address:	
	Fax:
Cellular:	E-mail:
Date of Birth (DD/MM/YYYY):	Place of Birth:
Citizenship:	
Personal ID No.:	Country of Issue:
	Country of Issue:
	Country of Issue:
(Note: please attach to the application copy of p	assport or Government ID)
Business reference	
Name of Company:	
Address:	
	E-mail:
	L-IIIaII
Banking reference	
Name of Bank:	
Address:	
Tel:	E-mail:

CAPITAL AND SHARES OF THE BANK

☐ General International (Offshore)Banking Licence CLASS A (Unlimited Banking business) require capital of 15 millions USD or more
☐ Restricted International (Offshore) Banking Licence CLASS B1(Unlimited Banking business with 5 currencies) require capital of 5 millions USD or more
\square Restricted International (Offshore) BankingLicence CLASS B2 (Limited banking business with permitted entities) require capital of 1 millions USD or more
CAPITAL OF THE BANK:
Authorised Capital of the Bank:
Total number of ALL shares:
Denomination of EACH shares: □ USD □ EUR □ other:
Total number of shareholders:
(Note: all shares MUST by registered shares. Bearer shares are not permited for banking, trust and insurance companies. The law requere min of two shareholders. Shareholders can by natural person or legal entities)
Special requirements for shares and capital:

PLEASE USE THIS PART ONLY IF	THE SHAREHOLDER IS NATURAL PERSON
SHAREHOLDER(S) DETAILS	
Name :	Surname:
Resident Address:	
Tel:	Fax:
	E-mail:
Date of Birth (DD/MM/YYYY):	Place of Birth:
Citizenship:	
Personal ID No.:	Country of Issue:
Drivers Licence ID No.:	Country of Issue:
Passport No.:	Country of Issue:
No. of shares subscribed in the bank::	
Nominal value of EACH share:	USD 🗆 EUR 🗀 other:
Tabal Malura of All alter	
Total value of ALL snares:	USD EUR other:

(Note: please attach to the application copy of passport or Government ID)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name :	Surname:
Resident Address:	
Tel:	Fax:
Cellular:	E-mail:
Date of Birth (DD/MM/YYYY):	Place of Birth:
Citizenship:	
Personal ID No.:	Country of Issue:
Drivers Licence ID No.:	Country of Issue:
Passport No.:	Country of Issue:
No. of shares subscribed in the bank::	
Nominal value of EACH share:	□ USD □ EUR □ other:
Total Value of ALL shares:	USD EUR other:
(Note: please attach to the application copy of pas	ssport or Government ID)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name :	Surname:
Resident Address:	
	Fax:
	E-mail:
	Place of Birth:
	Tace of Birth
·	
	Country of Issue:
	Country of Issue:
	Country of Issue:
No. of shares subscribed in the bank::	
Nominal value of EACH share:	USD □ EUR □ other:
Total Value of ALL shares:	
(Note: please attach to the application copy of passoo	

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the bank::
Nominal value of EACH share:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation.)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the bank::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares: □ USD □ EUR □ other:
(Note: please attach to the application copy of certificate of incorporation)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the bank::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation)

APPLICATION CHECK LIST

☐ Application for banking Licence
☐ Copy of Directors passport or Government ID card (personal ID, Drivers Licence)
☐ Copy of Shareholder identification
☐ Business Plan for 5 years in Franch or English language
☐ One business reference for each director
☐ One banking reference for each director
☐ Payment of all fees
DECLARATION
I/We applicants sworn and declare with full legal responsibility to the Mwali International Services Authority, Register of Companies and Offshore Banking supervisory authority, that all submited and filed information are true and correct, and that we are bona fine persons with good moral and legal character, and that the company will be use for legal and moral activities withing the teritory of Comoros Union (Offshore).
Applicant Name and Surname:
Applicant Signature:
Date of Application: Place of Application: