CENTRAL BANK OF LESOTHO



Central Bank of Lesotho: Capital Markets and Insurance Licensing (Approval) Requirements

December 2017

Version 15052018

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1. GENERAL CONDITIONS

Please read the following carefully:

- i. The following checklist must accompany all applications for the categories stated under each section.
- ii. No application shall be accepted without complete documents as per the checklist.
- iii. It is urged that the documents be arranged in the order of the checklist to facilitate quick check during submission.
- iv. Applicants are encouraged to engage with the office of Insurance, Investments & Securities Supervision Division for any clarity before submitting the application.
- v. Should there be missing documents, applications shall be considered null and void and shall be returned to the applicant
- vi. The Regulator may request additional information to support
- vii. For further information please call +266-2223 2115/2256
- viii. This checklist is available at http://www.msm.org.ls/other-rulesand-regulations

2. SECURITIES & CAPITAL MARKETS LICENSES

2.1 APPLICATION FOR INVESTMENT ADVISOR, BROKER, DEALER AND BROKER-DEALER

| | | Applicant | CBL |
|-----|--|-----------|-----|
| 1 | Application letter | | |
| 1. | Application letter | _ | |
| 3. | Copies of Memorandum and Articles of Association | n | |
| 4. | Copy of Certificate of Incorporation | | |
| | Shareholding structure | | |
| 6. | Copy of Tax Clearance Certificate | | |
| 7. | Copy of Professional Indemnity Insurance Policy | | |
| 8. | Bank confirmation reference | | |
| 9. | Proof of paid-up capital: | | |
| , | Advisor M0.00 | | |
| , | Broker M50,000.00 | | |
| , | Dealer M50,000.00 | | |
| | Broker-Dealer M50,000.00 | | |
| 10. | Fees (M1,500 application and M5,000 annual fee) | | |
| 11. | CBL Account number: 65220-3124-3540 | toma | |
| 11. | Completed Fit and Proper Questionnaire for Direct | tors | |
| | and key personnel | _1 | |
| | CVs and certified qualifications of all key personne | el el | |
| , | Tax Clearance for all key personnel | | |
| c) | | . • | |
| (a) | Letters from financial institutions you had dealing | gs in | |
| -1 | the last two years | | |
| ej | Police Clearance for Principal Officer and key | | |
| • | personnel | | |
| f) | Certified passport/ID copy of key employee | | |
| 12. | Business/client References* | | |
| 13. | Business Plan* | | |
| | Office location | | |
| | Names of principal officers, shareholders and | | |
| | directors | | |
| c) | | | |
| d | | inon | |
| | first registration | rpon | |
| e) | | | |
| f) | | | |
| | adited financial statements upon renewal | | |
| | annliashla an ronowal | | 1 |

^{*} Not applicable on renewal

2.1. APPLICATION FOR ASSET MANAGEMENT LICENSE

| | Applicant | CBL |
|--|-----------|-----|
| 1. Application letter | | |
| 2. Copies of Memorandum and Articles of Association | | |
| 2.1 Names and addresses and occupations of directors | | |
| 2.2 Names and addresses of persons holding five percent | | |
| or higher of share capital and shares allotted to each | | |
| 3. Copy of Certificate of Incorporation | | |
| 4. Shareholding structure | | |
| 5. A statement duly certified by an auditor of the required capital of 1 million maloti* | | |
| 6. Copy of Tax Clearance Certificate for Business | | |
| 7. Business / Client References* | | |
| 8. Bank confirmation reference* | | |
| 9. Completed Fit and Proper Questionnaire for Directors | | |
| and key personnel | | |
| a) CVs and certified qualifications of all key personnel | | |
| b) Tax Clearance for all key personnel | | |
| c) Certified statement of all assets and liabilities | | |
| d) Letters from financial institutions you had dealings in | | |
| the last two years | | |
| e) e) Police Clearance for Principal Officer and key | | |
| personnel | | |
| f) Certified passport/ID copy of key employee | | |
| 10. Proof of Payment: Application fee M5,000.00 | | |
| : Annual Fee M5,000.00 | | |
| CBL Account number: 65220-3124-3540 | | |

^{*} Not applicable on renewal

2.2. APPLICATION FOR REGISTRATION-COLLECTIVE INVESTMENT SCHEME (Domiciled in Lesotho)

| | Applicant | CBL | |
|--|-----------|-----|--|
| 1. Application letter | | | |
| 2. Business Plan | | | |
| a) Name of collective investment scheme | | | |
| b) Investment objective(s) of the scheme | | | |
| c) Risk and underlying investment securities | | | |
| d) Detailed description of all sales, service fees and other | | | |
| charges charged to the investors of the scheme | | | |
| e) Administrator of the scheme if this activity is | | | |
| outsourced | | | |
| f) Custodian/Trustee of the scheme | | | |
| g) Unaudited statements and financial projections | | | |
| h) Target Market | | | |
| 3. Copy of service level agreement and details of the fund | | | |
| manager where functions is outsourced | | | |
| 4. Proof of Payment: | | | |
| Application fee M5,000.00 | | | |
| Annual fee M5,000.00 (on licensing) | | | |
| CBL Account number: 65220-3124-3540 | | | |
| | | | |
| 5. Master Trust deed and Supplemental deed * | | | |
| 6. Bank confirmation reference* | | | |

^{*} Not applicable on renewal

2.3. APPLICATION FOR REGISTRATION-COLLECTIVE INVESTMENT SCHEME (Foreign Collective Investment Scheme)

| | · | Applicant | CBL |
|----|--|-----------|-----|
| 1. | Application letter by Foreign Fund Manager | | |
| 2. | Copy of current approval or registration by relevant | | |
| | jurisdiction authorising the foreign collective investment | | |
| | scheme | | |
| 3. | Master Trust deed and Supplemental deed* | | |
| 4. | | | |
| | : Annual fee M5,000.00 | | |
| | CBL Account number: 65220-3124-3540 | | |
| 5. | Business Plan | | |
| | a) Name of collective investment scheme | | |
| | b) The proposed Lesotho Agent to sell participatory | | |
| | interest on behalf of the fund manager | | |
| | c) Investment objective(s) of the scheme | | |
| | d) Risk and underlying investment securities | | |
| | e) Detailed description of all management fees, service | | |
| | fees and commission fees charged to the investors of | | |
| | the scheme | | |
| | f) Administrator of the scheme if this activity is | | |
| | outsourced | | |
| | g) Custodian/Trustee of the scheme | | |
| | h) Auditor of the scheme | | |
| | i) Custodian / Trustee of the scheme | | |
| | j) Target Market | | |
| 6. | Bank confirmation reference | | |
| 7. | Latest Fund factsheet and portfolio holdings of the | | |
| | scheme | | |

^{*} Not applicable on renewal

2.4. APPLICATION FOR A LICENSE - CIS AGENT

| | | | Applicant | CBL |
|----|----|---|-----------|-----|
| 1. | | Application letter | | |
| 2. | | Evidence of prior training under supervision (3 Months) | | |
| 3. | | Completed Fit and Proper Questionnaire Agent | | |
| | a) | CVs and certified qualifications of Agent or Principal | | |
| | | Officer for a corporate agent | | |
| | b) | Letters from financial institutions you had dealings in | | |
| | | the last two years | | |
| | c) | Police Clearance for Agent or Principal Officer for a | | |
| | | corporate agent | | |
| | d) | Certified passport/ID copy of Agent or Documents of | | |
| | | incorporation for a corporate agent | | |
| | e) | Tax clearance for a corporate | | |

2.1. APPLICATION TO ISSUE FINANCIAL INSTRUMENT

(Refer to Capital Markets Issuance Guidelines and contact the Central Bank of Lesotho)

3. INSURANCE LICENSES (APPROVALS)

3.1. APPLICATION FOR RENEWAL-INSURANCE LICENSE

| | Applicant | Registry |
|---|-----------|----------|
| 1. A written application | | |
| 2. Proof of payment: renewal fee M300.00 | | |
| CBL account number: 65220-3124-3540 | | |
| 3. Copy of Tax Clearance Certificate for | | |
| business | | |
| 4. List of Directors | | |
| 5. List of key employees | | |
| 6. Fit and Proper Questionnaire for Directors and key personnel | | |
| a) CVs and certified qualifications of all key employees | | |
| b) Tax Clearance for all key personnel | | |
| c) Certified statement of all assets and liabilities | | |
| d) Directors' police clearance | | |
| e) Letters from financial institutions you had dealings in the last two years | | |
| f) Certified copy of Identity card (passports) for key employees | | |

3.2. APPLICATION FOR A LICENSE- INSURANCE BROKER

| | Applicant | CBL |
|--|-----------|-----|
| 1. Application letter | | |
| 2.Proof of payment: | | |
| Application fee of M1,250.00 | | |
| Renewal fee of M500.00 | | |
| CBL account number: 65220-3124-3540 | | |
| 3. Completed signed Form | | |
| 4. Copies of Memorandum and Articles of | | |
| Association | | |
| 5. Copy of Certificate of Incorporation | | |
| 6. Copy of Tax Clearance Certificate for | | |
| business | | |
| 7. Copy of Professional Indemnity | | |
| Insurance Policy of at least M1,000,000.00 | | |
| 8.Letter from an Insurance Company | | |
| confirming desire to contract the broker* | | |
| 9. Bank confirmation of Security Deposit | | |
| M50,000.00 | | |
| | | |
| 10. Fit and Proper Questionnaire for Directors | | |
| and key personnel | | |
| a) CVs and certified qualifications of all key | | |
| personnel | | |
| b) Tax Clearance for all key personnel | | |
| c) Certified statement of all assets and liabilities | | |
| d) Letters from financial institutions you had | | |
| dealings in the last two years | | |
| e) Certified copy of Identity card (passports) | | |
| f) Police Clearance for Principal Officer and key | | |
| personnel | | |

^{*} Not applicable on renewal

3.3. APPLICATION FOR A LICENSE- INSURANCE AGENT

| | Applicant | CBL |
|--|-----------|-----|
| Application letter | | |
| Completed signed Form (Schedule 2) | | |
| Proof of Payment-application fee M300.00 | | |
| CBL account number: 65220-3124-3540 | | |
| Proof of Payment-renewal fee M150.00 | | |
| CBL account number: 65220-3124-3540 | | |
| Copy of Professional Indemnity Insurance Policy | | |
| of at least M1,000,000.00 for corporate agent | | |
| Agency agreement between the insurance company | | |
| and the agent* | | |
| A motivation on the benefit of bancassurance in | | |
| terms of cost-saving and an explanation of the pass | | |
| through of such benefit to the client in terms of | | |
| changes in premium* | | |
| A specimen of a contract that shall be signed by a | | |
| client with a specific clause stating the bank's commitment to inform the client about other | | |
| insurance alternatives* | | |
| Evidence of prior training under supervision (3 | | |
| Months) | | |
| Fit and Proper Questionnaire for Agent or Principal | | |
| Officer for corporate agent | | |
| a) CVs and certified qualifications | | |
| b) Tax Clearance* | | |
| c) Certified statement of all assets and liabilities | | |
| * | | |
| d) Police clearance | | |
| e) Letters from financial institutions you had | | |
| dealings in the last two years* | | |
| f) Certified copy of Identity card (passports) | | |

^{*}Not applicable for individual agents

3.4. APPLICATION FOR APPROVAL -INSURANCE PRODUCTS

| | Applicant | CBL |
|--|-----------|-----|
| 1. Written application letter | | |
| 2. A policy document with the following details; | | |
| a. The name of the insurer and, where | | |
| relevant, the group to which it belongs. | | |
| b. Type of insurance contract on offer | | |
| including policy benefits | | |
| c. Copy of the premium rates, rating plans, | | |
| rules and the standard policy forms of | | |
| each class or subclass of insurance | | |
| business to be carried out by the | | |
| applicant duly verified and signed by the | | |
| principal officer. | | |
| d. The level of the premium, the due-date | | |
| and the period for which the premium is | | |
| payable, as well as the consequences of | | |
| late or non-payment. | | |
| e. The type and level of charges to be | | |
| deducted from or added to the quoted | | |
| premium, and any charges to be paid | | |
| directly by the customer | | |
| f. Duration of the insurance cover | | |
| g. A description of risk insured and of the | | |
| excluded risks | | |

3.5. APPLICATION FOR APPROVAL-BRANCH LICENSE/RENEWAL

| | | Applicant | CBL |
|----|--|-----------|-----|
| 1. | Written application letter | | |
| 2. | *Sublease agreement for the branch, physical | | |
| | location of the branch | | |
| 3. | Proof of fee payment: M300.00 | | |
| | CBL account number- 65220-3124-3540 | | |
| 4. | Fit and Proper Questionnaire for branch | | |
| | Manager | | |
| | a) CVs (showing addresses) and certified | | |
| | qualifications of branch Manager | | |
| | b) Tax Clearance for branch Manager | | |
| | c) Certified statement of all assets and liabilities | | |
| | of branch Manager | | |
| | d) Letters from financial institutions you had | | |
| | dealings in the last two years | | |

| e) Certifi | ed ID copy of the branch manager | |
|------------|----------------------------------|--|
| a) Police | clearance | |

3.6. APPLICATION FOR APPOVAL - KEY EMPLOYEE

| | Applicant | CBL |
|--|-----------|-----|
| 1. Written application letter | | |
| 2. Fit and Proper Questionnaire for Key Employee | | |
| a) CVs (showing addresses) and certified | | |
| qualifications of all key personnel | | |
| b) Tax Clearance for all key personnel | | |
| c) Certified statement of all assets and liabilities | | |
| d) Certified passport/ID copy of key employee | | |
| e) Letters from financial institutions you had | | |
| dealings in the last two years | | |
| b) Police clearance for key employee | | |

3.7. APPLICATION FOR A LICENSE- INSURANCE COMPANY

(Refer to section 8 of the Insurance Act of 2014 and contact the Central Bank of Lesotho)