



**APPLICATION FORM**  
**CENTRAL RESERVE AUTHORITY OF WESTERN SAHARA**

*Where the applicant believes that a question does not apply, the Applicant should write "Not Applicable", or "N/A".*

**PART 1**

**ABOUT COMPANY**

<b>COMPANY TYPE</b>	<input type="checkbox"/> LTD <input type="checkbox"/> Corp <input type="checkbox"/> Inc <input type="checkbox"/> other
<b>COMPANY NAME</b>	
<b>LICENSE TYPE</b>	<input type="checkbox"/> Banking <input type="checkbox"/> Insurance <input type="checkbox"/> Trust <input type="checkbox"/> eGambling <input type="checkbox"/> No license
<b>CLASS OF LICENSE</b>	

**CAPITAL OF THE COMPANY**

<b>CAPITAL AMOUNT CURRENCY</b>			
<b>NUMBER OF SHARES</b>			
<b>SHAREHOLDERS</b>			
	<b>1.</b>	<b>NUMBER</b>	<b>%</b>
	<b>2.</b>	<b>NUMBER</b>	<b>%</b>
	<b>3.</b>	<b>NUMBER</b>	<b>%</b>

**PART2**

**DIRECTORS**

<b>1ST DIRECTOR'S NAME</b>	
<b>PASSPORT NUMBER</b>	
<b>DATE OF BIRTH</b>	
<b>PLACE OF BIRTH</b>	
<b>ADDRESS</b>	
<b>GENDER</b>	
<b>EMAIL</b>	
<b>PHONE NUMBER</b>	
<i>Have you ever, at any time, been the subject of an investigation in relation to a financial institution? If so, give full particulars.</i>	
<i>Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, shareholder, manager, officer or controller, been the subject of an investigation, anywhere, by a governmental, professional or other regulatory body? If so, give full particulars.</i>	
<i>Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof? If so, give full particulars.</i>	
<b>2ND DIRECTOR'S NAME</b>	
<b>PASSPORT NUMBER</b>	
<b>DATE OF BIRTH</b>	
<b>PLACE OF BIRTH</b>	

<b>ADDRESS</b>	
<b>GENDER</b>	
<b>EMAIL</b>	
<b>PHONE NUMBER</b>	
<i>Have you ever, at any time, been the subject of an investigation in relation to a financial institution? If so, give full particulars.</i>	
<i>Have you, or any body corporate, partnership or unincorporated institution with which you are, or have been associated as a director, shareholder, manager, officer or controller, been the subject of an investigation, anywhere, by a governmental, professional or other regulatory body? If so, give full particulars.</i>	
<i>Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof? If so, give full particulars.</i>	
<b>SHAREHOLDERS</b>	
<b>1ST SHAREHOLDER FULL NAME</b>	
<b>PASSPORT NUMBER</b>	
<b>DATE OF BIRTH</b>	
<b>PLACE OF BIRTH</b>	
<b>ADDRESS</b>	
<b>GENDER</b>	
<b>EMAIL</b>	
<b>PHONE NUMBER</b>	
<b>PLACE OF EMPLOYMENT</b>	
<b>OCCUPATION</b>	
<b>OFFICIAL POSITION</b>	
<b>WORK ADDRESS</b>	
<b>WORK EMAIL/ NUMBER</b>	
<i>Have you ever, at any time, been the subject of an investigation in relation to a financial institution? If so, give full particulars.</i>	
<i>Have you, or anybody corporate, partnership or unincorporated institution with which you are, or have been associated as a director, shareholder, manager, officer or controller, been the subject of an investigation, anywhere, by a governmental, professional or other regulatory body? If so, give full particulars.</i>	
<i>Have you been adjudicated bankrupt by a court in any jurisdiction? If so, give full particulars.</i>	

Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof? If so, give full particulars.	
2ND SHAREHOLDER FULL NAME	
PASSPORT NUMBER	
DATE OF BIRTH	
PLACE OF BIRTH	
ADDRESS	
GENDER	
EMAIL	
PHONE NUMBER	
PLACE OF EMPLOYEMENT	
OCCUPATION	
OFFICIAL POSITION	
WORK ADDRESS	
WORK EMAIL/ NUMBER	
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Have you been adjudicated bankrupt by a court in any jurisdiction? If so, give full particulars.	
Have you, in connection with the formation, control or management of a body corporate, partnership or unincorporated institution been adjudged by a court, in any jurisdiction, civilly or criminally liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any members thereof? If so, give full particulars.	

PART 3 INTERNATIONAL BUSINESS COMPANY REGISTRATION		
COMPANY FORM	<input type="checkbox"/> LTD <input type="checkbox"/> Corp <input type="checkbox"/> Inc <input type="checkbox"/> other	
COMPANY NAME	1ST CHOICE	
	2ND CHOICE	
	3RD CHOICE	
LICENSE	<input type="checkbox"/> No license <input type="checkbox"/> Banking <input type="checkbox"/> Insurance <input type="checkbox"/> Gaming <input type="checkbox"/> Trust <input type="checkbox"/> other	

**LICENSE CLASS**

☐ BK-Class A ☐ BK-Class B ☐ Ins-I ☐ Ins-II ☐ Gaming-1 ☐ Gaming-2  
☐ other

***I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director/shareholder of an institution authorized under SADR laws I will notify the Central Reserve Authority of SADR with any changes according data of 1 month.***

***Date*** \_\_\_\_\_ ***Signature*** \_\_\_\_\_

***Authorized person*** \_\_\_\_\_



***List of the Required Documents:***

- ***Application form.***
- ***Copy of passport of each beneficial owner/director/shareholder.***
- ***Proof of address (Bank Statement, Utility Bill, e.g.) of each beneficial owner/director/shareholder.***
- ***If the shareholder is a company, then provide a certificate of incorporation of this company with the name of the director on it.***
- ***A detailed business plan outlining the types of services to be offered including a three-year projection for assets, liabilities and profitability. (\*For Banking license and Brokerage license only\*)***
- ***Certificate of no criminal record to ensure that there is no criminal records about Authorized Person, Additional Authorized Persons (if any), all Directors/Officers, Shareholders and Beneficial Owners, not older than 3 months. (\*For Banking license only\*)***