



CASABLANCA FINANCE CITY
القطب المالي للدار البيضاء

**APPLICATION FORM FOR
« CASABLANCA FINANCE CITY »
STATUS AND INSURANCE/
REINSURANCE COMPANY
LICENSE**

Company name :	
Filing Date (DD/MM/YYYY):	
Please send the present form, duly completed and signed in duplicate to:	Moroccan Financial Board Twin Center, 11 th floor Bd Massira Al Khadra Casablanca, Morocco Tel: +212 5 20 30 03 80/81 Fax: +212 5 20 30 03 82/82
Reserved for use by the Moroccan Financial Board:	Reference No: Date of receipt: Received by:

Moroccan Financial Board

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I. INTRODUCTION

Casablanca Finance City (CFC) aims to position Casablanca as a regional financial centre, while ensuring the city's further development and modernisation. The objective is to establish Casablanca as a recognised international hub for companies wishing to do business in North, West and Central Africa.

CFC's ecosystem will provide companies with an efficient and inter-connected platform, ensuring that business and financial market activities function properly and develop smoothly. CFC intends to attract financial industry companies such as asset management companies, investment banks, insurance and reinsurance companies, multinational enterprises and a broad range of professional service providers.

Companies enjoying CFC status are obliged to conduct some or all of their business with non-resident legal entities or individuals.

Established in July 2010, the Moroccan Financial Board (MFBoard) is a public-private company owned in equal share by the Central Bank (Bank Al Maghrib), the Caisse de Dépôt et de Gestion, the Casablanca Stock Exchange and three major national banks (Groupe Banque Populaire, Attijariwafa bank and BMCE Bank) as well as by four insurance companies (Mamda, CNIA, Atlanta-Sanad and Axa). The MFBoard is responsible under law 44-10 for promoting and overseeing the development of Casablanca Finance City.

FOR WHOM IS THIS APPLICATION FORM INTENDED?

The present application form is intended for any company wishing to apply for both Casablanca Finance City status (CFC status) in order to undertake one or more eligible activities in accordance with Law 44-10 and its implementing order and license from the Direction des Assurances et de la Prévoyance (DAPS) to operate as an insurance and/or reinsurance company. The company completing this form will only have to deal with the Moroccan Financial Board. The list of documents to be attached to the present form is detailed in Section 8.

FILING OF APPLICATION FORM

The form must be **completed and signed in duplicate** and delivered in person to the Moroccan Financial Board's registered office or sent by registered mail with return receipt for the attention of your MFBoard's contact.

FOR WHAT PURPOSE WILL THE INFORMATION PROVIDED BE USED?

The information provided in this form is confidential and will be used exclusively by the Moroccan Financial Board to establish and update records, databases and other relevant documents.

The Moroccan Financial Board may be required if necessary to share information provided in this form with the regulatory authorities. The information provided will not be shared under any circumstance with a private sector company or made public without the prior consent of the applicant company.

II. DECLARATION AND CONSENT

II.1 DECLARATION OF AUTHORISED PERSONS

I declare the following:

- I am authorised to complete this application on behalf of the applicant company;
- All information provided in this application form (including any appendix) is accurate and complete to the best of my knowledge, understanding and opinion and every reasonable effort has been made to verify it;
- If, at any time subsequent to this declaration, I become aware of any major change to the information provided (including any appendix) that may materially affect the assessment of this application, I undertake to inform the Moroccan Financial Board (and any regulatory authority concerned) of it in writing as soon as possible.

II. 2 CONSENT OF AUTHORISED PERSONS

I recognise that it may be necessary for the Moroccan Financial Board to obtain information from regulatory authorities, law enforcement agencies or other persons (whether in Morocco or elsewhere) in order to examine and appraise this application accurately.

Accordingly, I agree that the Moroccan Financial Board may obtain all necessary information from third parties that the former considers necessary for the purpose of examining and appraising this application.

II. 3 ANTI MONEY LAUNDERING MEASURES AND CODE OF ETHICS

I declare that by completing this application form, the applicant company undertakes to:

- Comply with Law 43-05 relating to combating money laundering;
- Comply with regulations relating to insurance & reinsurance companies;
- Sign and comply with the CFC Code of Conduct.

IMPORTANT

Knowingly or carelessly providing false or misleading information to the MFBoard or organisations acting on behalf of the MFBoard constitutes a violation of Law 44-10, its implementing order and the CFC Code of Ethics.

Name and title of authorised signatory 1	Name Position
Date (DD/MM/YYYY)	
Signature	

Name and title of authorised signatory 2	Name Position
Date (DD/MM/YYYY)	
Signature	

Please attach company minutes or other similar document conferring powers on each of the above signatories to complete this application on behalf of the applicant company

III. GENERAL INFORMATION

Applicant company information

III.1 Applicant company name	
III.2 Name of main contact person within the applicant company responsible for the application (the person appointed as the main contact for the MFBoard)	
III.3 Position held by the main contact person	
III.4 Main contact person's office address	
III.5 Main contact person's telephone and fax numbers	Telephone: (+212) Fax: (+212)
III.6 Main contact person's email address	
III.7 Preferred means of contact	

If the applicant company has used a professional advisor to complete this application form, please provide the contact information for this person

III.8 Professional advisor's company name and main contact person

III.9 Main contact person's telephone and fax numbers

Telephone: (+212)

Fax: (+212)

III.10 Main contact person's email address

III.11 Does the applicant company wish the Moroccan Financial Board to send a reply to the professional advisor

Oui

Non

IV. INSURANCE/REINSURANCE COMPANY LICENSE

IV. The application must specify the category or categories of insurance activity which the company intends to provide. It may be one or more insurance categories outlined in the list below.

Please specify the insurance activity categories that the applicant company intends to undertake. (Tick the boxes corresponding to the intended insurance activity categories)

Insurance activities	Tick "X"
1. Life and endowment: all types of insurance relating to obligations determined by life expectancy	
2. Marriage-birth: any activity relating to a lump sum payment on marriage or when children are born	
3. Savings: any savings-related activity consisting of defined benefits in exchange for direct or indirect one-off or regular payments	
4. Activities relating to property acquisition by taking out life annuities	
5. Insurance activities relating to investment funds: any activity relating to obligations determined by life expectancy or savings relating to one or more investment funds	
6. Savings-related activity by mutualising premiums paid by policy-holders and enabling them to share in the profits of companies managed or administered directly or indirectly by the insurance or reinsurance company	
7. Personal injury insurance	
8. Health insurance and maternity insurance	
9. Insurance against work-related accidents or illness	
10. Terrestrial motor vehicle insurance	
11. Liability insurance resulting from the use of terrestrial motor vehicles including transporter's liability, legal defence and appeal	
12. Marine insurance	
13. Liability insurance resulting from the use of river boats or ships including transporter's liability, legal defence and appeal	
14. Goods in transit insurance	
15. Aircraft insurance	
16. Liability insurance resulting from the use of aircraft including transporter's liability, legal defence and appeal	
17. Insurance against fire and natural disasters: all types of insurance against damage to goods other than those covered under categories 10, 12, 14 and 15 when the damage is caused by fire, explosion and natural disasters other than hailstorms, frost, nuclear energy and land subsidence	
18. Insurance against technical risks: all types insurance covering construction equipment failure, industrial assembly risk, machinery breakage, IT risk and ten-yearly personal liability insurance	
19. Personal liability insurance other than liability insurance covered under categories 9, 11, 13, 16 and 18 above including legal defence and appeal	

20. Insurance against theft	
21. Insurance against damage caused by hailstorms and frost	
22. Insurance against the risk of livestock mortality	
23. Assistance: all types of personal assistance, especially travel insurance	
24. Insurance against the risk of financial loss	
25. Insurance against credit risk	
26. Surety	
27. Legal protection: all types of insurance consisting of reimbursing legal costs or providing services in the event of disputes or litigation between the policy holder and third parties	
28. Insurance against all other risks not covered by the above categories; these insurance activities must be stated explicitly in the approval application	
29. Reinsurance operations	

Source: Article 1 of the Ministry of Finance and Privatisation decree No.1548-05 dated 6 Ramadan 1426 (October 10th, 2005) relating to insurance and reinsurance companies (decree of Book III of Law 17 -99 forming the Insurance Code).

IMPORTANT

If the application relates to reinsurance activities, it must specify below the reinsurance activity category or categories that the company intends to undertake as outlined above in categories 1-5 and 7-28.

IV.2 Anticipated or actual date of commencement of operations	
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IV.3 If the applicant company is a branch or subsidiary of a parent company, please provide the address of the parent company's registered office	
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V. LEGAL STATUS AND CORPORATE INFORMATION

General information

V.1 Please specify the applicant company's legal status	
V.2 Place and date of incorporation (DD/MM/YYYY)	
V.3 Registration number (if applicable)	
V.4 Registered office address	
V.5 Main business address (if different from registered office)	
V.6 If the applicant company has traded under (an)other company name(s) during the previous 10 years, please provide each company name used and the period during which it was used	
V.7 Trade name which the applicant company intends to use within CFC	
V.8 Postal address in Morocco	
V.9 Telephone and fax numbers	Telephone: (+212) Fax: (+212)
V.10 Email address	
V.11 Website address, if applicable	

Strategy

<p>V.12 To what extent is the applicant company's business plan consistent with CFC's objectives, as outlined in the "Introduction" section of this form (company history, market opportunities, business objectives and envisaged structure within CFC etc.)?</p>	
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Applicant companies must submit a business plan separately

<p>V.13 Please provide additional details of any recent activity that the applicant company has conducted with the type of customers targeted. Please provide information about any previous experience that the applicant company has had in relation to activities that the company intends to conduct within or from CFC.</p>	
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<p>V.14 Have there been any meetings or discussions with MFBoard in relation to the commercial activities proposed?</p> <p>If “yes”, please provide details; if “No”, please explain why</p>	<p style="text-align: center;">' ' Yes ' ' No</p>
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Membership of professional bodies (if questions V.15 to V.17 do not apply to the applicant company, please move on to question V.18)

<p>V.15 Please provide information about any professional body of which the applicant company is a member and/or by which it is regulated.</p>	
<p>V.16 Please provide information about all codes of practice, ethics or rules with which the applicant company is required to comply.</p>	



V.17 Please list the range of activities and jurisdictions in which employees of the applicant company are authorised to exercise	
V.18 Please explain how the applicant company intends to conduct its business within CFC	
V.19 In which continent(s)/region(s) is the applicant company authorised to conduct its business?	

Business premises

V.20 Does the applicant company intend to operate from another address in Morocco (whether in or outside Casablanca)? If yes, please provide details below: Please specify all other trade names, addresses and additional activities.	Yes No
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Ownership

V.21 If necessary, please state the applicant company's parent company or companies (if the applicant company is part of a group, please provide the group's organisational chart and information about shareholders, key figures, history, main activities etc.)	
V.22 Please provide details of all majority shareholders of the company, including the name, percentage share ownership and main activities.	
V.23 Please list all persons who currently sit or will sit on the applicant company's governing body.	

Statutory auditor

V.24 Audit firm's name	
V.25 Audit firm's address	
V.26 Name of partner responsible for the audit relationship with the applicant company	
V.27 Audit partner's telephone and fax numbers	Telephone: (+212) Fax: (+212)
V.28 Audit partner's email address	
V.29 Date of statutory auditor's appointment (DD/MM/YYYY)	
V.30 Name of every professional organisation with which the statutory auditor has business relations	
V.31 Does the audit firm have CFC status?	Yes No
V.32 Has the applicant company provided a copy of the appointment letter?	Yes No
V.33 If a copy of the appointment letter is not yet available, please confirm if the applicant company is externally audited and state the current frequency and dates of such audits.	
V.34 Has the applicant company changed auditor during the previous 5 years? If yes, please provide information about the previous statutory auditor, the length of its appointment and the reasons for terminating its appointment as auditor to the company.	Yes No

VI. APPLICANT COMPANY HISTORY

<p>VI.1 Is the applicant company or one of its directors or any related entity or any of its directors currently or has been previously the subject of a public, regulatory, civil or criminal enquiry or has been involved in any disciplinary proceedings?</p>	<p>Yes</p>	<p>No</p>
<p>VI.2 Is the applicant company or one of its directors or any related entity or any of its directors currently or has previously received a penalty, sanction, fine or disciplinary order from a government department or organisation?</p>	<p>Yes</p>	<p>No</p>
<p>VI.3 Has the applicant company or any related entity in any country or jurisdiction been dissolved, liquidated, ceased operations, placed in receivership or under administration or negotiated an agreement with its creditors?</p>	<p>Yes</p>	<p>No</p>
<p>VI.4 Does the applicant company or related entity have any distressed debt (i.e. due but unpaid) or judgments made against them?</p>	<p>Yes</p>	<p>No</p>
<p>VI.5 Has the applicant company or any related entity ever had a licence revoked or refused by an overseas regulatory authority or has voluntarily withdrawn an application to an overseas regulatory authority for such a license?</p>	<p>Yes</p>	<p>No</p>
<p>VI.6 Are you aware of any other issues of which the Moroccan Financial Board should reasonably be made aware in assessing this application?</p>	<p>Yes</p>	<p>No</p>
<p>VI.7 If the applicant company has replied “Yes” to any of the questions in this section, please state in detail the circumstances and the outcome in respect of the item concerned and attach any appropriate document in connection with this question.</p>		

VII. INDIVIDUALS

This section must be completed by the person(s) who will occupy a senior management position within the applicant company

VII.1 Please state in detail the positions of those persons who will occupy a senior management position within the applicant company	
VII.2 Title (Mr/Mrs/Ms)	
VII.3 Name	
VII.4 First name(s)	
VII.5 Date and place of birth (DD/MM/YYYY)	
VII.6 National identity card number	
VII.7 Previous name(s) (if applicable): Date of name change:	
VII.8 Nationality	
VII.9 Passport number for foreigners Please attach a certified copy of the passport	
VII.10 Home telephone	(+212)
VII.11 Email address	
VII.12 Home address	
VII.13 Date of residence at this address (DD/MM/YYYY)	From: To :



<p>VII.14 Previous address if the period of residence at the address stated in VII.12 above is less than three years</p>	
<p>VII.15 Please provide detailed information about the person's relevant experience in relation to the post that he or she intends to hold within CFC</p>	
<p>VII.16 What are the person's qualifications and higher educational background? Please include detailed information about the educational establishment awarding the diploma, the title of the qualification, training or course, the main subjects taught and the dates of attendance and course completion</p>	
<p>VII.17 What are the person's qualifications and skills relating to the activity in question?</p> <p>Please include information about the organisation awarding the diploma as well as the title of the qualification, training or course, the main subjects taught and the dates of attendance and completion of training.</p>	
<p>VII.18 The person is currently a member of which professional body? Please include the names of the organisations and the address of their registered offices as well as dates of membership</p>	
<p>VII.19 Is the person currently undertaking professional development training in his or her specialised field? If yes, please provide details</p>	<p>Yes No</p>

Please answer all questions below:

	YES	NO
1. Has the person previously been convicted or found guilty of a violation involving fraud, theft, false accounting, serious tax offences, dishonesty, money laundering, market manipulation, insider trading or any other crime related to the financial sector?		
2. Has the person previously been prevented from taking up, revoked or requested to resign from any paid or unpaid profession, post or job, office or employment, position of trust or trustee position?		
3. Has the person previously been refused the right, restricted or suspended from carrying out a commercial activity, business or profession for which a license, registration, authorisation or any other type of special approval is required?		
4. Has the person previously been prevented by a court or regulator of a competent jurisdiction from serving as a company director or acting in any other managerial capacity for any business, company or other legal entity?		
5. Has the person previously been reprimanded, denounced, suspended, expelled, fined, investigated or disciplined by any overseas regulator or government authority or other regulatory authority or self-regulatory authority or similar organisation?		
6. Has the person previously resigned or been obliged to resign from any business, company or any other legal entity when under investigation by such an organisation?		
7. Has a business, company or other legal entity in any country or jurisdiction previously been dissolved, liquidated, ceased operations, placed in receivership or under administration or negotiated an agreement with its creditors at a time when this person was a director, partner or otherwise involved in the management of this entity or within a one-year period prior to the dissolution of this company?		
8. Has the person previously been the subject of an unfavourable ruling by a court of competent jurisdiction in a case of fraud, professional misconduct, illegal trading or other misconduct?		
9. Has the person previously been involved in the management of a business, company or legal entity that has been investigated for bad practice or conduct?		
10. Has the person previously been the subject of disciplinary procedures ordered by a government agency, institution or other self-regulatory organisation or professional organisation?		
11. Has the person previously been the subject of a formal complaint in respect of permitted activities on account of his character, competence or financial soundness?		
12. Has the person previously violated financial services legal provision, rule, code of practice or principle or any other standard stipulated or adopted by an overseas regulatory body or similar organisation?		

Additional information

If the person has replied “Yes” to any of the questions above, please provide details in the space below.

If you need more space, please attach additional pages as needed.

Declaration

I certify that the information given is true, correct and complete to the best of my knowledge and opinion. I understand that knowingly or carelessly providing false, misleading or untrue information to the Moroccan Financial Board or concealing certain information which, as a result, is likely to mislead or deceive the Moroccan Financial Board, constitutes a violation of the law and CFC’s rules.

The Moroccan Financial Board reserves the right to review the application form and/or contact me for the purpose of obtaining further information in conjunction with this application.

Name and position of the person carrying out the function	Name Position
Date (DD/MM/YYYY)	
Signature	

VIII. LIST OF DOCUMENTS TO BE ATTACHED

VIII.1 Documents to be attached to the application for license

Pursuant to Article 2 of the Ministry of Finance and Privatisation decree No.1548-05 dated 6 Ramadan 1426 (10 October 2005) relating to insurance and reinsurance companies (decree of Book III of Law 17 -99 forming the Insurance Code)

IMPORTANT: All documents should be provided in french, except the documents of section 5 below which could be provided in english.

1. One of the duplicates of the company's deed of incorporation or a copy;
2. Minutes of the shareholders' general meeting on incorporation;
3. A copy of the statutes;
4. A list of members of the board of directors, supervisory board or executive board, managing directors and directors with their first name(s), name, home address, nationality, date and place of birth. In addition, those persons to whom management powers have been vested by the board of directors must provide confirmation thereof. They must also provide a copy of their police record of less than three months or an equivalent document delivered by a competent judicial or administrative authority as well as an affidavit attesting that they have not been convicted of any of the offences outlined in Article 227 of the aforementioned Law 17-99 forming the Insurance Code.
5. The identity, home address or place of residence of direct or indirect shareholders, whether individuals or legal entities, which hold 30% or more of the company's share capital or have effective control of the company and, in the case of mutual insurance companies, the terms and conditions in respect of the constitution of the company's initial share capital.

In addition, legal entities must provide, to support their application, the following documents:

- a) A document proving proper incorporation, excluding insurance and reinsurance companies and approved credit institutions;
 - b) A list of the main directors with their first name(s), name, home address, nationality, date and place of birth;
 - c) The breakdown of share capital as well as a list of the main shareholders and each shareholder's share of share capital;
 - d) A description of their activities and details of their holdings in Moroccan or foreign insurance and reinsurance companies;
 - e) If the company is part of a group, a list of the main group entities and a detailed organisational chart;
 - f) The balance sheet and income statement for the previous two financial periods;
 - g) If the company was the subject of an investigation or professional, administrative or judicial proceedings, sanctions or the financial consequences resulting from or likely to result thereof;
 - h) In the case of an insurance and reinsurance company or institution, respectively, its solvency margin or solvency ratio as well as a document proving its approved status;
6. The company's range of activities, comprising the following documents:
 - (a) A document specifying the types of risk which the company intends to guarantee;
 - (b) For each insurance category for which approval is requested, two copies of policies and publications for general distribution or for publication;
 - (c) For each insurance category for which approval is requested, two copies of the company's intended pricing (**not required for reinsurance companies**);
 - (d) Two copies of a technical note outlining pricing policy, technical provisions and corresponding surrender values as well as the basis for calculating various categories of premium or contribution, together with tables specifying at least, on a year-by-year basis the level of technical provisions and surrender values in relation to savings products or insurance activities determined by life expectancy (**not required for reinsurance companies**);

- (e) For activities coming under No. 23 of Article 1 of the decree No.1548-05 mentioned above, an inventory of the company's human and material resources, internal or sourced by a third party, to be able to meet its obligations (**not required for reinsurance companies**);
- (f) A list of reinsurers specifying for each, the nature of the reinsurance treaty and the reinsurer's maximum obligation as well as an undertaking satisfying the provisions of Article No. 229 of the aforementioned Law 17-99 (**not required for reinsurance companies**);
- (g) A table of underwriting lines and retention limits (**not required for reinsurance companies**);
- (h) A description of the company's organisational structure at the administrative and commercial levels and its human and material resources;
- (i) Estimated start-up costs relating to administrative services and the production network and corresponding financial resources;
- (j) A five-year financial business plan comprising:
-Projected income statements and balance sheets, as well as details of assumptions made, particularly relating to pricing, revenue, potential claims, general expenses and investment yield;
-Estimates of financial resources allocated for hedging purposes;
- Estimates of the company's intended solvency margin;
- (k) Projected cash flow statements for each financial period stated in (j) above;
7. The names and addresses of company's bank(s);
8. A market study and, if it concerns an activity under category 5 of the list of insurance activities (see section 4 of the present form page 8), the company must provide all information for valuing investment funds, particularly financial analysis and projections over three years (**not required for reinsurance companies**);
9. A certificate of security deposit is required, if applicable (once the initial file submitted).

VIII.2 DOCUMENTS TO BE ATTACHED TO THE APPLICATION FOR CFC STATUS

	Document	Included
1	Incorporation document	
2	Trade register	
3	Written confirmation that the person has legal powers to represent the company	
4	Copy of the letter appointing the statutory auditor (see section 5)	
5	Copy of the relevant pages of the passports of persons assuming senior management responsibilities and their detailed CVs (see section 7)	
6	Additional information as an appendix if the applicant has replied "Yes" to any questions relating to "Individuals" (see section 7)	
7	Application fee payment form duly completed and signed (see next page)	

Application Fee Payment Form

Thank you for applying to the CFC Status. This form must accompany your CFC Status application form. Your application will only be valid if the related fee is paid within 10 working days of submitting the completed CFC Status application. Applications with incorrect payment will be returned.

Steps to Follow:

1. Define the applicable fee depending on your company's number of employees by referring to the table below (amounts in USD, paid in MAD**):

Number of employees (at application date)	1 to 9	10 to 24	25 to 49	50 and more
Credit Institutions	1 500	4 000	6 000	8 000
Insurance/ Reinsurance companies	1 500	4 000	6 000	8 000
Insurance/ Reinsurance brokers	1 000	2 500	3 750	5 000
Investment services companies*	1 000	2 500	3 750	5 000
Asset management and related firms	1 000	2 500	3 750	5 000
Holding companies*	750	1 500	2 250	3 000
Regional headquarters of global companies	1 000	2 500	3 750	5 000
Professional services firms	1 000	2 500	3 750	5 000
Branches (excluding credit institutions and insurance firms)*	750	1 500	2 250	3 000
Representative offices*	500	1 000	1 500	2 000

* Defined within draft law 68-12 relating to CFC status applicable when passed

**The exchange rate USD/MAD to be applied is the one applicable at the payment date

Due application fee (in USD):

2. Check the appropriate box to indicate your method of payment:

Wire Transfer to:

BANK	ATTIJARI WAFABANK
COUNTRY	MOROCCO
CITY	CASABLANCA
SWIFT CODE	BCMA MA MC
ACCOUNT NUMBER	007 780 0000288000003381 23

Check payable to "MOROCCAN FINANCIAL BOARD"

3. Please mail your complete application form to the business development team with your wire transfer confirmation (specifying your company's name) or check to:

Moroccan Financial Board
Twin Center, Level 11
Boulevard Al Massira Al Khadra
Casablanca, Morocco