

SCHEDULE 2
(to Standard No. RF.S.5.6)

| FORM A | | | |
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| APPLICATION TO BE ADDED TO THE LIST OF LIQUIDATORS APPROVED BY NAMFISA TO ACT AS LIQUIDATORS OF FUNDS | | | |
| pursuant to clause 7 of Standard No. RF.S.5.6. made under the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) | | | |
| I, hereby apply to be added to the panel of liquidators approved by NAMFISA to perform dissolutions of funds, pursuant to clause 7 of Standard No. RF.S.5.6. | | | |
| 1. | Surname: | | |
| 2. | Full Names | | |
| 3. | Identity / passport Number | | |
| 4. | Postal address: | | |
| 5. | Registered address (<i>domiculum citandi et executandi</i>) where documents and records will be kept in safe custody or where legal documents can be served: | | |
| 6. | Telephone number: | | |
| 7. | Cell phone number: | | |
| 8. | E-mail address: | | |
| | | Yes/ No | Comments |
| 9. | Are you fully conversant with the provisions of the Act, Regulations and Standards as well as the relevant requirements, policies and procedures in respect of the dissolution of funds? | | |
| 10. | Have you ever been convicted of an offence resulting from dishonesty, fraud or embezzlement? If so, give details: | | |
| 11. | Has your estate ever been sequestrated or a business in which you had a financial interest been dissolved? Are you a rehabilitated insolvent? If so, kindly provide details. | | |
| 12. | Have you been involved as a controlling shareholder or director of a company or close corporation at the time it was placed under judicial management or in liquidation/dissolution? | | |
| 13. | Have you been subject to disciplinary proceedings by an employer or regulatory body? If so, kindly provide details. | | |
| 14. | Have you ever been barred from entry into any profession or occupation? If so, kindly provide details. | | |
| 15. | What experience have you had in the liquidation/dissolution of a fund or other financial institution? Describe | | |
| A copy of my Curriculum Vitae in relation to funds is attached hereto. I hereby certify that the abovementioned information is true, correct and complete and further undertake to advise NAMFISA of any important changes to the above information. I hereby agree that NAMFISA may perform reference checks and verification of qualifications, as well as require me to submit a police clearance certificate to NAMFISA. | | | |
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| | SIGNATURE OF APPLICANT | | DATE |
| | FULL NAMES IN BLOCK LETTERS | | |