

SCHEDULE 2 (to Standard GEN.S.10.28)**APPLICATION FORM FOR THE AMALGAMATION IN TERMS OF SECTION 449 OF THE FINANCIAL INSTITUTIONS AND MARKETS ACT, 2021**

I/We,

_____ (name of party 1 to amalgamation) and
 _____ (name of party 2 to amalgamation) and
 _____ (name of party 3 to amalgamation) and
 _____ (name of party 4 to amalgamation) and

do hereby apply for the amalgamation of business in terms of section 449 of the Financial Institutions and Markets Act , 2021.

PART A – GENERAL**PLEASE COMPLETE THE FORM IN FULL****1. Information of Party 1 to the amalgamation**

1.1 Name of the financial institution/intermediary: _____

1.2 Type of the institution: _____

1.3 Registration number of institution: _____

1.4 Is the institution ceasing to exist? _____

1.5 Valuator Name (if any): _____

2. Information of Party 2 to the amalgamation:

a. Name of the financial institution/intermediary: _____

b. Type of the institution: _____

c. Registration number of the institution: _____

d. Valuator Name (if any): _____

3. Information of Party 3 to the amalgamation:

- a. Name of the financial institution/intermediary: _____
- b. Type of the institution: _____
- c. Registration number of the institution: _____
- d. Valuator Name (if any): _____

4. Information of Party 4 to the amalgamation:

- a. Name of the financial institution/intermediary: _____
- b. Type of the institution: _____
- c. Registration number of the institution: _____
- d. Valuator Name (if any): _____

5. Details of the Principal Officers and Chairpersons of the Board of the parties to the amalgamation:**5.1 Principal Officer and Chairperson of the Board – Party 1 to the Amalgamation:**

DETAILS	PRINCIPAL OFFICER	CHAIRPERSON
Full Name		
Identity Number		
Nationality		

5.2 Principal Officer and Chairperson of the Board – Party 2 to the Amalgamation:

DETAILS	PRINCIPAL OFFICER	CHAIRPERSON
Full Name		
Identity Number		
Nationality		

5.3 Principal Officer and Chairperson of the Board – Party 3 to the Amalgamation:

DETAILS	PRINCIPAL OFFICER	CHAIRPERSON
Full Name		
Identity Number		
Nationality		

5.4 Principal Officer and Chairperson of the Board – Party 4 to the Amalgamation:

DETAILS	PRINCIPAL OFFICER	CHAIRPERSON
Full Name		
Identity Number		
Nationality		

6. Details on clients and amounts affected by the proposed amalgamation:

Description	Amount to be affected by the proposed amalgamation (N\$)	Number of clients to be affected by the proposed amalgamation
Clients		
Reserves (if any)		
Total		

6.1 Financial soundness and date of last statutory valuation of Party 1 to the Amalgamation (if applicable): _____

6.2 Financial soundness and date of last statutory valuation of Party 2 to the Amalgamation (if applicable): _____

6.3 Financial soundness and date of last statutory valuation of Party 3 to the Amalgamation (if applicable): _____

6.4 Financial soundness and date of last statutory valuation of Party 4 to the Amalgamation (if applicable): _____

SIGNED FOR PARTY 1 TO THE AMALGAMATION:

By signing the document, I confirm that all the information contained in this application is true and correct and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Principal Officer/authorised person (signature)

Date

SIGNED FOR PARTY 2 TO THE AMALGAMATION:

By signing the document, I confirm that all the information contained in this application is true and correct and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Principal Officer/authorised person (signature)

Date

SIGNED FOR PARTY 3 TO THE AMALGAMATION:

By signing the document, I confirm that all the information contained in this application is true and correct and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Principal Officer/authorised person (signature)

Date

SIGNED FOR PARTY 4 TO THE AMALGAMATION:

By signing the document, I confirm that all the information contained in this application is true and correct and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Principal Officer/authorised person (signature)

Date

PART B – CLIENTS AND OTHER INTERESTED PERSONS OBJECTING TO THE AMALGAMATION
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Kindly attach the list of clients/other interested persons objecting to the amalgamation and provide reasons.

PART C: REQUIRED DOCUMENTS FOR THE AMALGAMATION APPLICATION	
<i>Kindly confirm the attachment of documents by marking the appropriate box with an "X"</i>	
Required document	Attached
Amalgamation agreement under which the proposed amalgamation is to take place, including documents listed under clause 11	
Annual financial statements in respect of the business of each of the financial institutions/intermediaries concerned	
Report on which the proposed amalgamation was founded	
Copy of notices referred to in section 449(3) of the Act	
List of clients and other interested persons objecting to the amalgamation	
In terms of clause 8(c)(i), any statements by, or opinions of, an independent advisor or the valuator of the parties to the amalgamation	
In terms of clause 8(c)(ii), the reports on which those statements or opinions are based	
In terms of clause 8(d)(i), certified copies of the board resolutions from all involved parties to the amalgamation authorising the amalgamation	
In terms of clause 8(c)(i), certified copies of the board resolutions from all involved parties to the amalgamation authorising the authorised person to submit the application for amalgamation	
In terms of clause 6(e), any approval in terms of the Competition Act, 2003 (Act No. 2 of 2003), required for the amalgamation (if applicable).	
In terms of clause 6(f), a certificate of good standing from the Namibia Revenue Agency (if applicable).	
In terms of clause 12(e), a post amalgamation integration plan.	