

SCHEDULE 2 (to Standard No. MAF.S.7.8)

FORM C		
APPLICATION BY THE LIQUIDATOR TO BE APPOINTED TO A FUND pursuant to clause 11 of Standard No. MAF.S.7.8 made under the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021)		
Name of Fund:		
Fund Registration Number:		
Full Names of Liquidator:		
Identity / passport number of Liquidator:		
1.	I have not been involved in the management, administration, valuation or auditing of the above-mentioned Fund, except for the following (where applicable):	
2.	My appointment would not cause any conflict of interest in performing my duties as Liquidator of the Fund, except for the following (where applicable):	
3.	I am aware of the provisions of clause 14 of Standard No. MAF.S.7.8 whereby I will be appointed in my personal capacity and will take responsibility for the Fund in the place of the board of the Fund and undertake to safeguard the assets of the Fund;	
4.	I will discharge my duty to the best of my ability and act in the best interest of members of the Fund;	
5.	All information previously provided and my declaration made in respect of my application to be added to the list of liquidators approved by NAMFISA to act as liquidators of medical aid funds (Form A) have/has not materially changed. Provide details in respect of any material changes:	
I hereby confirm that the abovementioned information is true, correct and complete and further undertake to inform NAMFISA about any important changes to the above information.		
LIQUIDATOR AS APPLICANT		FULL NAMES IN BLOCK LETTERS
DATE		