

FORM B			
APPLICATION BY THE BOARD OF A FUND FOR THE APPROVAL OF THE APPOINTMENT OF A LIQUIDATOR			
pursuant to clause 5 and clause 40(a) of Standard No. RF.S.5.6. made under the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021)			
Name of Fund:			
Fund Registration Number:			
Name of participating employer (where applicable):			
Reference number of participating employer (where applicable):			
Rule Reference number:			
Full Name of Liquidator:			
Identity / passport number of Liquidator:			
		Yes/No	Comments
1.	Are the rules and all rule amendments, in respect of the fund or relevant participating employer submitted?		
2.	Are all transfers in respect of the fund or relevant participating employer until the date of appointment of the Liquidator approved?		
3.	Are all valuation reports submitted?		
4.	Are all financial statements submitted?		
5.	Are there any arrear contributions or penalty interest outstanding?		
6.	Are there any unclaimed benefits in the fund?		
7.	Are there any outstanding tax liabilities?		
8.	What is the average benefit per member of the fund or participating employer as at date of the application?		
9.	What is the number of members participating in the fund or participating employer as at date of the application?		
10.	What is the total value of the assets of the fund or participating employer as at date of the application?		
<p>Kindly provide any additional information, of which you are aware and which may be of assistance to NAMFISA:</p> <p>.....</p> <p>.....</p> <p>We, the board of the Fund hereby confirm that we have considered the fit and proper requirements in connection with the Liquidator and confirm that we are satisfied with such appointment.</p>			
SIGNATURE OF CHAIR-PERSON		SIGNATURE OF BOARD MEMBER	
FULL NAMES IN BLOCK LETTERS		FULL NAMES IN BLOCK LETTERS	
DATE		DATE	
SIGNATURE OF PRINCIPAL OFFICER			
FULL NAMES IN BLOCK LETTERS			
DATE			

Note: The duly signed board resolution by a properly constituted board of trustees must be attached hereto.