

FORM C				
APPLICATION BY THE LIQUIDATOR TO BE APPOINTED TO A FUND OR PARTICIPATING EMPLOYER PARTICIPATING IN A FUND				
pursuant to clause 5 and clause 40(b) 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):				
Full Names of Liquidator:				
Identity / passport number of Liquidator:				
1.	I have not been involved in the management, administration, valuation or auditing of the abovementioned Fund/ participating employer, 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 5 of Standard No. RF.S.5.6 whereby I will be appointed in my personal capacity and will take responsibility for the Fund/ participating employer 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 / participating employer;			
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 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				
FORM D				
APPLICATION FOR AN EXEMPTION				
pursuant to clause 25(b) and clause 45 of Standard No. RF.S.5.6. made under the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) (the "Act")				
Name of Fund:				
Fund Registration Number:				
Name of participating employer (where applicable):				
Reference number of participating employer (where applicable):				
Rule Reference number:				
		Yes/No	Comments	Amount, if any (applicable to questions 5-13)
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? (If yes, please disclose amounts)			
6.	Are there any unclaimed benefits in the fund? If yes, please disclose amount)			
7.	Are there any outstanding tax liabilities? (If yes, please disclose amount)			
8.	Are there any NAMFISA fees, penalties or levies outstanding? (If yes, please disclose amount)			
9.	What is the average benefit per member of the fund or participating employer as at date of the application? (Please disclose amount)			
10.	What is the number of members participating in the fund or participating employer as at date of the application? (Please disclose amount)			
11.	What is the total value of the assets of the fund or participating employer as at date of the application? (Please disclose amount)			
12.	Are there any housing loans and/or guarantees outstanding? (If yes, please disclose amounts)			
13.	Does the Fund have any litigation procedures pending? (If yes, please disclose amounts of expected claims and costs)			
Kindly provide any additional information, of which you are aware and which may be of assistance to NAMFISA:				
Details in respect of the person responsible for the dissolution of the Fund/Participating Employer:				
1.	Full names:			
2.	Identity Number:			
3.	Postal address:			
4.	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:			
5.	Telephone number:			
6.	Cell phone number:			
7.	E-mail address:			
<p>We, the board of the Fund / participating employer hereby apply for exemption pursuant to clause 44 of Standard No. RF.S.5.6 for the assets to be distributed under the supervision of the board of the Fund.</p> <p>We further confirm that we are aware that the board of the Fund will remain responsible to ensure that the dissolution of the Fund / participating employer is dealt with appropriately.</p> <p>We hereby confirm that we have considered the fit and proper requirements in connection with the person mentioned above and confirm that we are satisfied with the appointment and undertake that all assets of the Fund/participating employer will be safeguarded and distributed in terms of the rules of the Fund.</p>				
SIGNATURE OF CHAIRPERSON		SIGNATURE OF BOARDMEMBER		

FULL NAMES IN BLOCK LETTERS		FULL NAMES IN BLOCK LETTERS	
DATE		DATE	

FORM E	
DECLARATION BY MEMBERS AND BENEFICIARIES – APPLICATION FOR EXEMPTION FROM THE REQUIREMENT TO ADVERTISE AND PROVIDE FOR THE INSPECTION OF DISSOLUTION ACCOUNTS pursuant to clauses 15 and 42 of Standard No. RFS.5.6. made under the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) (the “Act”)	
Name of Fund:	
Fund Registration Number:	
Name of participating employer (where applicable):	
Reference number of participating employer (where applicable):	
Detail of Member/Beneficiary of the Fund:	
Full Name:	
Identity number:	
Contact number:	
Postal address:	
E-mail address:	
Dissolution benefit as per the dissolution account	
I hereby have no objection to the Fund/participating employer being exempted from the requirement to advertise the relevant preliminary dissolution account and to provide for its inspection.	
I hereby confirm that I have examined the preliminary dissolution and distribution account of the above-mentioned Fund / participating employer and have no objection thereto and I accept the dissolution benefit amount as stated above as my full and final dissolution benefit.	
MEMBER/BENEFICIARY	FULL NAMES IN BLOCK LETTERS
DATE	

Note: This form can be customised for bulk submissions without detracting from the content.

FORM F	
APPLICATION FOR PARTIAL EXEMPTION FROM THE REQUIREMENT TO ADVERTISE AND PROVIDE FOR INSPECTION OF DISSOLUTION ACCOUNTS pursuant to clauses 15 and 42 of Standard No. RFS.5.6. made under the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) (the “Act”)	
Name of Fund:	
Fund Registration Number:	
Name of participating employer (where applicable):	
Reference number of participating employer (where applicable):	
Full Names of Liquidator:	
Identity / passport number of Liquidator:	
1.	All members and beneficiaries of the fund/participating employer have been included in the preliminary accounts furnished to NAMFISA and the exemption, if granted, will not be to the prejudice of any member or beneficiary.
2.	I have notified all members, beneficiaries and other interested parties of the contents of the said preliminary dissolution accounts and there were no objections to such accounts.