

SCHEDULE (to Standard No. CIS.S.4.17)**APPLICATION FOR APPROVAL AS TRUSTEE OR CUSTODIAN OF A COLLECTIVE INVESTMENT SCHEME****PART 1. COMPANY INFORMATION****SECTION 1: GENERAL**

- 1.1 Full registered name: _____
- 1.2 Previously registered name(s), if any: _____
- 1.3 Trading name(s): _____
- 1.4 Company registration No.: _____
- 1.5 Country of registration: _____
- 1.6 Income Tax registration No. and VAT registration No., if applicable: _____

- 1.7 Financial year-end of the company: _____
- 1.8 Registered address of the company: _____
- 1.9 Principal office address: _____

- 1.10 Postal address: _____
- 1.11 Telephone No: _____
- 1.12 Website, if any: _____
- 1.13 E-mail address: _____
- 1.14 Is the company subject to regulation in a foreign country or a financial services intermediary in a foreign country? _____
- 1.15 If yes, which jurisdiction? _____
- 1.16 Name of foreign regulator(s)? _____

SECTION 2: FINANCIAL RESOURCES

We hereby confirm that the applicant has, at minimum, paid-up share capital adequate for employment in the business and will maintain liquid resources that cover 13 weeks of annual expenditure at all times.

	Paid-up share capital
Paid-up share capital	N\$

SECTION 3: AUDITOR

- 3.1 Full name of appointed auditor: _____
- 3.2 Company Registration No.: _____
- 3.3 Auditor's registration number with PAAB: _____
- 3.4 Tax Reference No.: _____
- 3.5 Contact person: _____
- 3.6 Postal address: _____

- 3.7 Physical address: _____

- 3.8 Telephone No.: _____
- 3.9 Email address: _____
- 3.10 Website, if any: _____

SECTION 4: DIRECTORS AND OTHER KEY PERSONS

<Provide details of each director/key person, using a separate sheet as attachment where applicable>

- 4.1 Full names of director/key person: _____

- 4.2 Identification/Passport No.: _____
- 4.3 Nationality: _____
- 4.4 Postal address: _____

- 4.5 Telephone No.: _____
- 4.6 Mobile No.: _____
- 4.7 Email address: _____

SECTION 5: SHAREHOLDER(S) OR OTHER OWNER(S) THAT CONTROLS THE APPLICANT

<Attach the full organigram.

Provide details of each shareholder or other owner that controls the applicant, using a separate sheet as attachment where applicable; if it is a company, provide contact person's details>

- 5.1 Full name/ registered name of shareholder/owner: _____

- 5.2 Previous surname(s) / previously registered name(s): _____

- 5.3 Identification/Passport/Company registration No.: _____
- 5.4 Date of birth/ Date of incorporation: _____
- 5.5 Nationality/Country of incorporation: _____
- 5.6 Postal address: _____

- 5.7 Telephone No.: _____
- 5.8 Mobile No.: _____
- 5.9 Email address of shareholder or contact person: _____
- 5.10 Shareholding percentage:

If more than one shareholder or owner, please complete and attach share certificate and indicate % held by each

Name	Individual	Company	Partnership	Joint Venture	Close Corporation	Other	% held by each

SECTION 6: HOLDING COMPANY OF THE APPLICANT (IF APPLICABLE)

- 6.1 Full registered name: _____
- 6.2 Previous surname(s) / previously registered name(s): _____

- 6.3 Company registration No.: _____
- 6.4 Date of incorporation: _____
- 6.5 Country of incorporation: _____
- 6.6 Postal address: _____
- 6.7 Registered address: _____
- 6.8 Telephone No.: _____
- 6.9 Email address of contact person: _____

If more than one holding company please complete and attach share certificate and indicate % held by each:

Name	Individual	Company	Partnership	Joint Venture	Close Corporation	Other	% held by each

SECTION 7: CHIEF EXECUTIVE OFFICER

7.1 Full names: _____

7.2 Identification/Passport No.: _____

7.3 Nationality: _____

7.4 Postal address: _____

7.5 Telephone No.: _____

7.6 Mobile No.: _____

7.7 E-mail address: _____

SECTION 8: APPOINTED PRINCIPAL OFFICER

8.1 Full names: _____

8.2 Identification/Passport No.: _____

8.3 Nationality: _____

8.4 Physical address: _____

8.5 Postal address: _____

8.6 Telephone No.: _____

8.7 Mobile No.: _____

8.8 Email address: _____

SECTION 9: BANK DETAILS (operational account) <Proof of bank account to be attached>

9.1 Name of bank: _____

9.2 Branch name: _____

9.3 Account No.: _____

9.4 Branch code: _____

PART 2: OPERATIONAL ABILITY OF APPLICANT

BUSINESS PLAN

The business plan of the applicant, that has been approved by the board of directors must at least deal with the following matters:

- (a) Provide an overview of the entity's business operations (company profile, clientele and post-trade offering, Investment Platform, Future Growth, etc.), Corporate Governance Framework, Risk Management Framework, Internal Control Framework, Business Continuity Plan, Systems for Portfolio Management, Agreements with Service Providers (internal and external), Information Technology Systems, Marketing Plan, Human Resources Plan, etc.;
- (b) An explanation of the management structure of the applicant including the names of the individuals responsible for the major functional areas and the number of personnel employed or to be employed in each functional area in the applicant;
- (c) The planned development of the information technology systems and infrastructure of the applicant and arrangements for their supply, management, maintenance, upgrading and security including details pertaining to the method or facility by means of which the business will be carried on;
- (d) The planned approach to qualifying, quantifying and managing risk within the applicant;
- (e) Security procedures to ensure the integrity of the systems for recording transactions and the maintenance of records, the capacity of these systems in relation to the budgeted number of transactions and the back-up resources available in the event of a systems failure; and
- (f) A report by the chairperson of the board of directors confirming that the applicant has adequate systems, procedures and policies in place to protect the information, data, records and documents relating to client accounts and the affairs clients against any unauthorised access, alteration, destruction or dissemination.

SIGNATURE OF PRINCIPAL OFFICER OR DULY AUTHORISED PERSON

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.

Full Names(s): _____

Signature: _____

Date: _____

Capacity: _____
