

SCHEDULE 1 (to Standard No. FS.S.6.19)**FORM A - APPLICATION LETTER BY REGISTERED SOCIETY FOR
CANCELLATION OF REGISTRATION/ VARIATION OF CONDITIONS GRANTED
PURSUANT TO SECTION 291 OF THE ACT**

In terms of section 294(2) of the Financial Institutions and Markets Act, 2021 (Act No. 2 of 2021) (“the Act”) –

1. I, _____, the undersigned, being the principal officer or duly authorised person of _____ duly empowered thereto, hereby apply for -

the voluntary cancellation of registration of the said registered society, in terms of section 294(2) of the Act; or

the variation of conditions subject to which the society was registered pursuant to section 291 of the Act;

2. I submit with this application all the required documents as per Standard FS.S.6.19; and

3. If applicable, the proof of payment of the application fee as prescribed in Standard GEN.S.10.23 – Fees, is enclosed with the application.

SIGNATURE OF PRINCIPAL OFFICER OR DULY AUTHORISED PERSON

Full names: _____

Capacity: _____

Date: _____

SCHEDULE 2 (to Standard No. FS.S.6.19)**FORM B - APPLICATION FOR CANCELLATION/VARIATION OF REGISTRATION
GRANTED PURSUANT TO SECTION 291 OF THE ACT****Application for** – (*indicate the type of application*)**Cancellation****Variation****1. FRIENDLY SOCIETY**

Full Name (of society):

NAMFISA registration number:

2. CONTACT DETAILS

Physical address:

Postal address:

Telephone number (w):

Facsimile number:

E-mail address:

3. DETAILS OF PRINCIPAL OFFICER

First Names:

Surname:

ID/Passport No:

Nationality:

Physical address:

Postal Address:

Telephone number (w):

E-mail address:

4. DETAILS OF BOARD OF TRUSTEES

Name	Nationality	Elected/Appointed

Name of the Board Chairperson:

Board committees	Name of Chairperson(s) of committee(s)

5. DETAILS OF AUDITOR

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Name of auditing firm:

Name of professional regulatory body:

Membership number:

6. NAME OF VALUATOR

.....

7. NAME OF ADMINISTRATOR

.....

8. BOARD RESOLUTION

8.1 Date when the special resolution was passed

8.2 Effective date of cancellation or variation

8.3 Furnish full reason(s) why the special resolution in question 8.1 was passed:

.....

9. CANCELLATION/VARIATION SPECIFIC INFORMATION

9.1 Is the society cancelling its registration, or varying its conditions for registration?

Cancellation	
Variation	

9.2 In case of variation of conditions for registration, please indicate the conditions for which variation is sought below.

.....

9.3 Does the society have any liabilities at the time of cancelling/variation conditions of registration?

Yes	
No	

9.4 If the answer is yes, kindly furnish full details of the arrangements that the society has made to meet all its liabilities.

9.5 Did the society inform its Statutory Auditor and Statutory Valuator of this notification?

Yes	
No	

9.6 If the answer is no, kindly explain why.

10. LIQUIDATOR'S DETAILS (IF APPLICABLE)

Full name(s) of liquidator

Identity number of liquidator

Appointed date of liquidator

Completion date of liquidation

Total assets at the date the liquidator is appointed

Total liabilities at the date the liquidator is appointed

Total assets on the final date of liquidation

Total liabilities on the final date of liquidation

Total liquidator's fee (amount and percentage)

11. ATTACHMENTS REQUIRED

Letter requesting for cancellation/variation of conditions to NAMFISA

Original certificate of registration (declaration under oath where original lost)

Proof of settlement of liabilities

A certificate by the Auditor and Valuator respectively stating that the society has no liabilities (where there are liabilities, furnish further details as would be directed by NAMFISA)

Copy of Board resolution for voluntary cancellation or variation decision

Bank letter confirming the closure of the bank account(s), three months after cancellation, if applicable

Resolution for change of objectives (if applicable)

Proof of communication in relation to 9.5

Proof of communication to members

Proof of payment of the prescribed application fee (if applicable)

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 name: _____

Capacity: _____

Signature: _____

Date: _____
