

SCHEDULE (to Standard FM.S.3.12)

**APPLICATION BY REGISTERED CENTRAL SECURITIES DEPOSITORY,
EXCHANGE, INVESTMENT MANAGER, LINKED INVESTMENT SERVICE
PROVIDER, SECURITIES CLEARING HOUSE, SECURITIES RATING AGENCY,
SECURITIES ADVISOR OR SECURITIES DEALER FOR CANCELLATION OF
REGISTRATION GRANTED PURSUANT TO SECTION 85 OF THE ACT OR FOR
VARIATION OF THE CONDITIONS FOR REGISTRATION**

Indicate whether it is an application for –

Cancellation of registration **OR** Variation of conditions

Please complete in full:

REGULATED PERSON

Full Name(s)

Company Registration Number/ Identity Number

NAMFISA Registration Number

Income Tax Number

CONTACT DETAILS

Physical address:

Postal address:

Telephone (w):

Cell number:

E-mail address:

DETAILS OF PRINCIPAL OFFICER

First Names:

Surname:

ID/Passport number:

Nationality:

Physical address:

Postal Address:

Telephone number

Mobile:

E-mail address:

DETAIL OF SHAREHOLDER(S)

Name	Shareholding

DETAILS OF BOARD OF DIRECTORS

Name	Nationality	Executive/Non-Executive

Name of the Board Chairperson:

Name	Name of Chairperson(s) of committee(s)

DETAILS OF AUDITOR

Name:

Name of professional regulatory body:

Membership No.:

DETAILS OF TRUSTEE OR CUSTODIAN IF APPLICABLE

.....

SIGNATURE

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:

Capacity:

Date: