

SCHEDULE 1 (to Standard No. MAF.S.7.17)**FORM A - APPLICATION LETTER****APPLICATION BY REGISTERED MEDICAL AID FUND FOR CANCELLATION OF REGISTRATION/ VARIATION OF CONDITIONS GRANTED PURSUANT TO SECTION 328 OF THE ACT**

In terms of section 331(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 medical aid fund, in terms of section 331(2) of the Act; or

the variation of conditions subject to which the medical aid fund was registered pursuant to section 328 of the Act;

2. I submit with this application all the required documents as per Standard MAF.S.7.17; 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: _____

Date: _____

Capacity: _____

SCHEDULE 2 (to Standard No. MAF.S.7.17)**FORM B - APPLICATION FOR CANCELLATION/VARIATION OF REGISTRATION
GRANTED PURSUANT TO SECTION 328 OF THE ACT**Application for – (*indicate the type of application*)Cancellation Variation **1. MEDICAL AID FUND**

1.1 Full Name (of medical aid fund):

1.2 NAMFISA registration number:

2. CONTACT DETAILS

2.1 Physical address:

2.2 Postal address:

2.3 Telephone (w):

2.4 Facsimile number:

2.5 E-mail:

3. DETAILS OF PRINCIPAL OFFICER

3.1 First names:

3.2 Surname:

3.3 ID/Passport number:

3.4 Nationality:

3.5 Physical address:

3.6 Postal address:

3.7 Telephone (w):

3.8 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. NAME OF AUDITOR

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5.1 Name of professional regulatory body:

5.2 Membership number:

6. NAME OF VALUATOR

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7. NAME OF ADMINISTRATOR

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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:

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9. CANCELLATION/VARIATION SPECIFIC INFORMATION

9.1 Is the medical aid fund 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.

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9.3 Does the medical aid fund have any liabilities at the time of cancelling/variation?

Yes	
No	

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

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9.5 Did the medical aid fund inform its Auditor and Valuator of this notification?

Yes	
No	

9.6 If the answer is No, kindly explain why.

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10. LIQUIDATOR'S DETAILS (IF APPLICABLE)

10.1 Full name(s) of liquidator

10.2 Identity number of liquidator

10.3 Appointed date of liquidator

10.4 Completion date of liquidation

10.5 Total assets at the date the liquidator is appointed

10.6 Total liabilities at the date the liquidator is appointed

10.7 Total assets on the final date of liquidation

10.8 Total liabilities on the final date of liquidation

10.9 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 medical aid fund has no liabilities (where there is liability, 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

If applicable, proof of payment of the prescribed application fee

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: _____
