

**SCHEDULE 2 (to Standard No. GEN.S.10.3)**  
**NOTIFICATION FORM FOR TERMINATION OF AN AUDITOR**

**PART 1: INDIVIDUAL/ENTITY DESIGNATED MEMBER'S DETAILS**  
**(whichever applicable)**

- 1.1 Name of Entity/Individual: \_\_\_\_\_
- 1.2 Nationality: \_\_\_\_\_
- 1.3 ID/Passport Number: \_\_\_\_\_
- 1.4 Country of Residence: \_\_\_\_\_
- 1.5 Physical Address: \_\_\_\_\_
- 1.6 Postal Address: \_\_\_\_\_
- 1.7 Telephone Number: \_\_\_\_\_
- 1.8 Fax Number: \_\_\_\_\_
- 1.9 Email Address: \_\_\_\_\_

**PART 2: AUDIT FIRM DETAILS**

- 2.1 Name of Entity: \_\_\_\_\_
- 2.2 Registration number: \_\_\_\_\_
- 2.3 Physical Address: \_\_\_\_\_
- 2.4 Postal Address: \_\_\_\_\_
- 2.5 Entity Telephone Number: \_\_\_\_\_
- 2.6 Entity Office Fax Number: \_\_\_\_\_
- 2.7 Entity Office Email Address: \_\_\_\_\_

**PART 3: TERMINATION DETAILS**

- 3.1 Effective Date of Termination: \_\_\_\_\_
- 3.2 Reason for Termination: \_\_\_\_\_

**PART 4: SUPPORTING DOCUMENTS (Attachments)**

The following documents must be attached to the notification form. Kindly confirm the attachment of documents by marking the appropriate box with an "X".

		Attached	Comment
<b>OTHER INFORMATION</b>			
(a)	Written statement of the reasons for the termination or, in the opinion of the financial institution or financial intermediary, the reasons for the resignation		
(b)	A certified copy of the resolution by the board terminating the appointment of the auditor, if applicable;		

**SIGNATURE OF THE PRINCIPAL OFFICER OR DULY AUTHORISED PERSON**

By signing the document, I confirm that the information contained in this notification can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_