

SCHEDULE 2

Regulation 3

THE UGANDA RETIREMENTS BENEFITS REGULATORY
AUTHORITY ACT, 2011 ACT No.15 OF 2011

THE UGANDA RETIREMENT BENEFITS REGULATORY
AUTHORITY (LICENSING OF FUND MANAGERS)
REGULATIONS, 2012.

APPLICATION FOR LICENCE OF A FUND MANAGER OF A RETIREMENT BENEFITS SCHEME

*(Under regulation 3 of the Uganda Retirement Benefits Regulatory Authority
(Licensing of Fund managers) Regulations, 2012)*

Provide the following—

A. PARTICULARS OF APPLICANT

- (i) Name of applicant.....
- (ii) Date and place of incorporation
- (iii) Tax Identification Number.....
- (iv) Physical address of principal place at which the business of the applicant
is to be carried on.....
Telephone
- Fax
- Email.....

B. CAPITAL STRUCTURE

Details of capital structure—

- (i) Authorised capital, Ug. Shs.....
- (ii) Paid up capital, Ug. Shs.....
- (iii) Types of shares issued.....

C. MANAGEMENT

- (i) Particulars of Directors. (Appendix A)
- (ii) Particulars of the Key officers of fund manager (Appendix B)

- (iii) Bankers and Auditors. (Appendix C)
 - (iv) List the retirement benefit schemes the applicant has provided fund management services to within the period of three years ending as at the date of application. (*Incase of insufficient space provide separate attachment*).
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D. ATTACHMENTS.

Please attach the following where applicable—

- (i) certified copies of latest audited report and accounts;
- (ii) certified copies of certificate of incorporation;
- (iii) certified copies of memos and articles of incorporation;
- (iv) a certified copy of a licence issued by Capital Market Authority to offer fund manager services;
- (v) evidence of the ability of the applicant to perform the functions of a fund manager of a retirement benefits scheme; and
- (vi) a statutory declaration supporting the application.

I am aware of the provisions of section 59 (1) (a) of the Act relating to false statements made in relation to the application.

I hereby declare that the information contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief.

Signed on this day of.....

Signature.....

Full name

Designation

Signature.....

Full name

Designation

Signature.....

Full name

Designation

APPENDIX A

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the Fund Manager.....

<i>Director (full Name)</i>	<i>Citizenship</i>	<i>Physical Address</i>	<i>Occupation</i>	<i>Date of Appointment</i>	<i>No. of Shares held</i>

APPENDIX B

PARTICULARS OF KEY OFFICERS OF THE FUND MANAGER

Name of Fund Manager.....

<i>Executive (full name)</i>	<i>Designation</i>	<i>Nationality</i>	<i>Physical Address</i>	<i>Date of Appointment</i>	<i>Academic and Professional qualifications</i>	<i>Years of experience</i>

If any of the officers has been convicted of a criminal offence, please give the name of the officer, the date and particulars of the offence.

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APPENDIX C

PARTICULARS OF AUDITORS AND BANKERS

Name of Fund Manager

	<i>Name of firm/institution</i>	<i>Tax Identification Number</i>	<i>Physical Address Telephone and fax Email</i>	<i>Affiliated Professional body</i>	<i>Date of Appointment</i>
Auditors					
Bankers					