

**THE TIER 4 MICROFINANCE INSTITUTIONS AND MONEY  
LENDERS ACT 2016**

APPLICATION FOR A LICENCE

1. Name of Non-Deposit Taking Microfinance Institution.....
2. Physical address of the head office: .....  
.....
3. Postal address.....Email,.....
4. Telephone number.....
5. Present administrative structure:.....  
.....
6. Date of incorporation or registration with NGO Bureau .....
7. Certificate of incorporation or registration as the case may be (*attach copy*) .....
8. Names of places of business in Uganda and start date and the number of years each has been established and has conducted or carried out business

S/N	Place of Business	Year Established	No. of years in operation
1			
2			
3			
4			
5			
6			

9. Details of Capital:
  - (a) Core Capital.....
  - (b) Permanent and non-withdrawable capital.....
  - (c) Redeemable capital.....
  - (d) Institutional capital.....
  
10. (a) Provide the following for each member of the Board of Directors
 

Name.....

Designation.....

Address.....

Other directorship.....

Date of appointment.....

(b) Provide the following for each of the senior management officers:-

Name.....

Designation.....

Nationality.....

Age.....

Academic or Professional Qualifications & year obtained.....

.....

.....

.....

Details of previous employment:

Date of appointment.....

Position held & responsibilities.....

11. BANKERS (*if any*) :

	Name of Banker	Address	Details of Banking
1			
2			
3			
4			
5			
6			

12. AUDITORS;  
Provide details of the following

Name of auditors.....

Date of appointment.....

13. Has the Non-Deposit Taking Microfinance Institution been put under receivership in the past or made any compromise or arrangement with its creditors in the past or otherwise failed to satisfy its creditors in full?  
Yes.....  
No.....

If Yes please give details

.....  
.....  
.....  
.....  
.....

14. Has the Non-Deposit Taking Microfinance Institution been the subject of an investigation, in any country..... *If YES, give particulars*.....

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15. Is the Non-Deposit Taking Microfinance Institution currently engaged or does it expect to be involved in any litigation which may have a material effect on the resources of the institution?

Yes.....

No.....

If yes, give particulars.....

16. Is the institution engaged or does it expect to be engaged in any business relationship with any of its officers or significant shareholders?

Yes.....

No.....

If yes, give the particulars.....

**17. FINANCIAL SERVICES**

(a) List and briefly describe current and envisaged financial products

	Financial Products and Services	Description ( eg interest rates or fees charged)
1		
2		
3		
4		
5		
6		

**Financial Product and Services Description**

(b) Describe the methodologies of delivering products and services

.....  
 .....  
 .....  
 .....

**DECLARATION**

We, the undersigned, being the Board of Directors of the institution, declare that to the best of our knowledge and belief, the information contained herein is complete and accurate.

Chairperson.....(Name)

Signature..... Date.....

Chief Executive Officer.....(Name)

Signature.....Date.....

*Note: This form must be accompanied by all relevant documents and requirements prescribed in the Act and these Regulations.*