

SCHEDULE TWO

Regulation 7(1)

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

**THE UGANDA RETIREMENT BENEFITS REGULATORY
AUTHORITY (LICENSING OF RETIREMENT BENEFITS SCHEMES)
REGULATIONS, 2012.**

**APPLICATION FOR LICENCE TO ESTABLISH AND OPERATE
A RETIREMENT BENEFITS SCHEME**

*(Under regulation 7(1) of the Uganda Retirement Benefits Regulatory
Authority (Licensing of Retirement Benefits Schemes) Regulations, 2012)*

PART 1—DETAILS OF THE SCHEME

- A. (i) Name of proposed scheme.....
- (ii) Tax Identification Number.....
- (iii) Physical address of proposed office of the scheme
:.....
.....
Telephone
Fax
E-mail.....
Physical Address for service of notice or documents
.....
.....
- B. Provide the following particulars regarding the proposed scheme:
 - (i) Is it an open scheme that provides individual based pension or provident plans?
YES/NO.....
.....
 - (ii) Is it an occupational retirement benefits scheme?
YES/NO.....

- (iii) Is the scheme contributory or non-contributory?
.....
- (iv) Is it a scheme that receives mandatory contributions? YES/ NO
.....
- (v) Is it a scheme that receives voluntary contributions? YES/ NO.
.....
- (vi) State whether the scheme is a defined contribution a defined benefit, or both.(Describe)
.....

C. Provide the following information regarding the proposed scheme:

- (i) Names of proposed members and their contributions;(Attach a list)
- (ii) Benefits that accrue to members;
.....
.....
.....
.....
.....
- (iii) Status of members;
Number of active members.....
Number of inactive members.....

D. Provide the following details in the appendices:

- (i) Particulars of the proposed Trustees or directors of corporate trustee (Appendix A)
- (ii) Particulars of proposed Custodian, Administrators, Fund managers, Auditors and Actuary(Appendix B)
- (iii) Particulars of key officers of the retirement benefits scheme (Appendix C).

PART II—PARTICULARS OF TRUSTEES

A. Name of Trustee:

.....
.....

- B. In case of corporate trustee particulars of directors
.....
.....
.....

- C. Physical Address.....
.....
Telephone.....
Fax.....
Email.....

- D (i) Tax Identification Number.....

- E. Has the trustee previously been convicted of a criminal offence with a sentence of a period of six months or more?
.....
.....

- F. What are the qualifications and experience of the trustees?
.....
.....

- G. In the case of a corporate trustee attach profile of the corporate trustee.

PART III—PARTICULARS OF SPONSOR

(Incase of more than one sponsor provide the following particulars for each on a separate attachment).

- A (i) Name of Sponsor:
.....
.....
.....

- (ii) If a legal entity attach a copy of the certificate of incorporation or registration :
.....

- B. Physical Address.....
.....

Telephone:.....
E-mail.....
Fax
Physical address in Uganda for service of notices or documents....
.....
.....

C. Tax Identification Number:.....

PART IV ATTACHMENTS

Please attach copies of the following:

- (i) A copy of the name reservation form.
- (ii) Trust deed and Scheme Rules.
- (iii) A certified copy of the certificate of incorporation or registration in case the sponsor is a legal entity.
- (iv) An organogram of the proposed retirement benefits scheme.
- (v) Resume’ of the trustees and key officers of the scheme.

I am/We are aware of the provisions of section 32(1) (a) of the Uganda Retirement Benefits Regulatory Authority Act 2011 relating to false statements in applications.

I/ We hereby declare that the statements 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 of Applicant.....

Full Name:

Designation:

Signature of Applicant.....

Full Name:

Designation:

Signature of Applicant.....

Full Name:

Designation: