

SCHEDULE TWO

Regulation 3

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

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

APPLICATION FOR LICENCE OF ADMINISTRATOR OF A RETIREMENT BENEFITS SCHEME

*(Under regulation 3 of the Uganda Retirement Benefits Regulatory Authority
(Licensing of Administrators) 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.....
- (v) Citizenship.....

B. MANAGEMENT

- (i) Particulars of Directors in case of administrator (Appendix A)
- (ii) Particulars of the Key officer of administrator (Appendix B)
- (iii) Bankers and Auditors (Appendix C)
- (iv) List the retirement benefits schemes the applicant has provided
administrator 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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C. ATTACHMENTS.

Please attach the following where applicable—

- (i) certified copies of latest audited report and accounts;
- (ii) certified copies of certificate of incorporation (if applicant is a body corporate);
- (iii) certified copies of memos and articles of incorporation (if applicant is a body corporate);
- (iv) proof that the applicant holds capital in the sum determined by the Authority;
- (v) a certified copy of an insurance policy to cover the operational risks which the administrator may be exposed to;
- (vi) evidence of the ability of the applicant to perform the functions of an administrator; and
- (vii) a statutory declaration supporting the application.

I am aware of the provisions of section 52 (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 of Applicant.....

Full Name:

Designation:

Signature of Applicant.....

Full Name:

Designation:

Signature of Applicant.....

Full Name:

Designation:

APPENDIX A

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the Administrator.....

<i>Director (full Name)</i>	<i>Nationality</i>	<i>Physical Address</i>	<i>Occupation</i>	<i>Date of Appointment</i>

APPENDIX B

PARTICULARS OF KEY OFFICERS OF THE ADMINISTRATOR

Name of Administrator

<i>Full name</i>	<i>Designation</i>	<i>Nationality</i>	<i>Physical Address</i>	<i>Date of Appointment</i>	<i>Academic and Professional qualifications</i>

APPENDIX C

PARTICULARS OF AUDITORS AND BANKERS

Name of Administrator.....

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