

**SCHEDULE 4****APPLICATION FOR CHANGE OF NAME/USE OF ALTERNATIVE NAME/USE OF SHORTENED FORM OR DERIVATIVE OF THE NAME**

Registered name:	
NAMFISA Registration No:	
Proposed name:	
Reason for proposed new name /change of name / use of alternative name / use of shortened form or derivative of the name:	
Attach Original License or, if lost, a sworn declaration to that effect	
<p>By signing this document I confirm that all the above information is true and accurate and can be relied on and that I will disclose all necessary material information that may be required by NAMFISA.</p> <p>SIGNED ON BEHALF OF THE APPLICANT:  Name:  Capacity:  Signature:</p>	