

FIT AND PROPER REQUIREMENTS FRIENDLY SOCIETIES LEGAL PERSONS

**To be completed by all persons who may be controlling or participating,
directly or indirectly, in the directorship, management or operation of
the applicant.**

SECTION A: (FRIENDLY SOCIETY INFORMATION)

- A.1 Full registered name: _____
- A.2 Previously registered name/s: _____
- A.3 Trading name/s: _____
- A.4 Society Registration No.: _____
- A.5 Country of Registration.: _____
- A.6 If not incorporated in Namibia please provide description of the company: _____
- A.7 Tax Reference No.: _____
- A.8 Financial year end: _____
- A.9 Nature of business: _____
- A.10 Registered address: _____
- A.11 Principal place of business: _____
- A.12 Contact person: _____
- A.13 Postal address: _____
- A.14 Telephone number: _____
- A.15 Fax number: _____
- A.16 E-mail address: _____
- A.17 Web site: _____
- A.18 Mobile number: _____
- A.19 Is the entity subject to regulation in a foreign country or financial services intermediary? _____
- A.20 If yes, which jurisdiction? _____
- A.21 Name of foreign regulator/s? _____

SECTION B: (HONESTY AND INTERGRITY)

If the answer to any of the questions is yes, provide full details on a separate page and attach certified documents to the form:

		YES	NO
1	Has an adverse finding been made against the society within a period of ten years preceding the date of application in any civil or criminal proceedings by a court of law (whether in Namibia or elsewhere?)	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the society, within a period of ten years preceding the date of application, been found guilty by any professional or financial services industry body (whether in Namibia or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the society, within a period of ten years preceding the date of application, been denied membership of anybody referred to in question 2 above on account of an act of dishonesty negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>

4	Has the society, within a period of ten years preceding the date of application, been found guilty by any regulatory or supervisory body (whether in Namibia or elsewhere) or has an authorization to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
5	Has the society been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in Namibia, or elsewhere) or exchange, professional body or government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
6	Has the society ever been refused authorization to carry on business by any regulatory body (whether in Namibia or elsewhere), or has such authorization ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the society ever been placed under judicial management, insolvency processes or any other processes of a similar nature?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the society ever been found to be liable under the Financial Intelligence Act, No. 13 of 2012 (FIA), and/or the Prevention of Organized Crime Act, No. 29 of 2004 and/or the Combating of Financing of Terrorist Act, Act No 12 of 2012 and/or any other similar crime in any country?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have any additional information, which should be brought to the Registrar's attention, which may have an impact on the evaluation, by the Registrar of your good character and integrity?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: (SHARE HOLDERS' DETAILS) *to be provided for each shareholder*

- C.1 Full name(s):
- C.2 Previous surname(s):
- C.3 Nationality:
- C.4 Identification No
- C.5 Date of Birth.
- C.6 Occupation
- C.7 Date appointed
- C.8 Residential address
- C.9 Business address:
- C.10 E-mail:
- C.11 Telephone:
- C.12 Cell No:
- C.13 Telefax:

SECTION D: (MANAGEMENT COMMITTEE/ DIRECTORS' DETAILS) *to be provided for each director*

- D.1 Full name(s): _____
- D.2 Previous surname(s): _____
- D.3 Nationality: _____
- D.4 Identification No. _____
- D.5 Date of Birth. _____
- D.6 Occupation: _____
- D.7 Date appointed: _____

D.8 Residential address: _____
 D.9 Business address: _____
 D.10 E-mail: _____
 D.11 Telephone: _____
 D.12 Cell No: _____
 D.13 Telefax: _____
 D.16 Director's qualifications:

Qualification	Institution	Date obtained

C.17 Director's / Management Committee experience in the industry (complete table below):

Relevant employment history and/or experience in the industry: (To be supported with written references from employers or from at least two clients confirming that the required period of two years relevant experience have been completed satisfactorily)

Position held	Employer	Contact Details	Period

DECLARATION (OATH)

I, _____ (full names) in my capacity as _____ of the _____ entity referred to herein.

Hereby declare the following:

This statement consists of _____ pages, was completed by me. The contents of this statement are true to the best of my knowledge and belief.

I undertake that, as long as I continue to be a _____ of the entity, I will notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information supplied to the Registrar as soon as possible, but in any event no later than 30 days from the day that the changes come to my attention

I know and understand the content of this declaration. I do not have objections to taking the prescribed oath.
I consider the prescribed oath to be binding on my conscience.

SIGNATURE OF DEPONENT

I hereby declare that the deponent has sworn to and signed this statement in my presence at _____ on the ____ day of _____ 20__ and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on her conscience.

COMMISSIONER OF OATHS

FULL NAMES _____

CAPACITY _____

ADDRESS _____