

SCHEDULE 6**APPLICATION FOR ADDITIONAL MICROLENDING BRANCH****SECTION A: WHERE THE APPLICANT IS A CORPORATE ENTITY OR A TRUST – DETAILS OF THE CORPORATE ENTITY/TRUST TO BE PROVIDED**

A.1 Full registered name: _____

A.2 Trading name(s): _____

A.3 NAMFISA registration No.: _____

A.4 Registered address: _____

A.5 Principal place of business: _____

A.6 Contact person: _____

A.7 Postal address: _____

A.8 Telephone No: _____

A.9 Fax No: _____

A.10 Mobile No: _____

A.11 Physical address of additional branch: _____

A.12 Description of additional branch (for example, will it be an in-store kiosk or a stand-alone additional branch): _____

SECTION B: WHERE THE APPLICANT IS A SOLE PROPRIETOR OR A PARTNERSHIP – DETAILS OF EVERY NATURAL PERSON WITH AN OWNERSHIP INTEREST TO BE PROVIDED*to be provided for each natural person/partner*

B.1 Full name of person with ownership interest:

B.2 Trading name(s): _____

B.3 NAMFISA registration No: _____

B.4 Previous surname(s): _____

B.5 Nationality: _____

B.6 Identification No/Passport No: _____

B.7 Occupation: _____

B.8 Residential address: _____

B.9 Business address: _____

B.10 E-mail: _____

B.11 Telephone No: _____

B.12 Mobile No: _____

B.13 Fax No: _____

B.14 Physical address of additional branch: _____

B.15 Description of additional branch (for example, will it be an in-store kiosk or a stand-alone additional branch): _____

SECTION C: SOURCE OF FUNDS TO FINANCE ADDITIONAL MICROLENDING BRANCH:

C.1 Source of Funds: _____

C.2 Amount with which operations of additional branch is financed: _____

NB: Kindly note that all source of funds must be properly and thoroughly supported with documentary evidence of how the money was earned, i.e. what activities were conducted to generate the funds.

CERTIFICATION OF COMPLIANCE

On behalf of the applicant..... (name of microlender) I, the undersigned, (full names), in my capacity as principal officer, do hereby confirm that all the requirements of the Act have been complied with in full and that appropriate procedures have been implemented to ensure on-going compliance.

I am not aware of any substantial non-compliance with the requirements of the Act.

Signature

Date: _____

Name: _____

SECTION D: BRANCH MANAGER, IF ALREADY APPOINTED AT THE TIME OF THE APPLICATION

D.1 Full name(s): _____

D.2 Previous surname(s): _____

D.3 Nationality: _____

D.4 Identification/ Passport No.: _____

D.5 Previous Occupation: _____

D.6 Date appointed: _____

D.7 Residential address: _____

D.8 Business address: _____

D.9 E-mail: _____

D.10 Telephone No: _____

D.11 Mobile No: _____

D.12 Fax No: _____

D.13 Relation to applicant: _____

D.14 **Training** (complete table below):

Qualification	Institution	Date obtained

D.15 **Experience** (complete table below):

Relevant employment history and/or experience in the industry: (To be supported with proof of relevant experience, including but not limited to reference letters from previous employers or clients or certificates of service from previous employers). Enclose detailed Curriculum Vitae (CV) of the Branch Manager.

Position held	Employer	Contact Details	Period

DECLARATION BY APPLICANT WHERE THE APPLICANT IS A CORPORATE ENTITY OR A TRUST

I, _____ (full names) in my capacity as _____ of the applicant referred to herein, hereby declare under oath/affirm as follows:

This statement consisting 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 NAMFISA of any material changes to, or affecting the completeness or accuracy of, the information supplied to NAMFISA 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/affirmation. I consider the prescribed oath/affirmation to be binding on my conscience.

SIGNATURE OF DEPONENT

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

COMMISSIONER OF OATHS

FULL NAMES: _____

CAPACITY: _____

ADDRESS: _____

DECLARATION WHERE THE APPLICANT IS A SOLE PROPRIETOR OR A PARTNERSHIP

I, _____ (full names) hereby declare under oath/affirm as follows:

This statement consisting of _____ pages, each initialed by me. The content of this statement is true and correct to the best of my knowledge and belief.

I undertake that, as long as I continue to be _____ (state designation) of the institution, I will notify NAMFISA of any material changes to, or affecting the completeness or accuracy of, the information supplied to NAMFISA in this statement 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/affirmation. I consider the prescribed oath/affirmation to be binding on my conscience.

SIGNATURE OF DEPONENT

I hereby declare that the deponent has sworn/affirmed 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 or her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath/affirmation; that he/she regards the oath/affirmation as binding on his/her conscience.

COMMISSIONER OF OATHS

FULL NAMES _____

CAPACITY _____

ADDRESS _____

Initialling of each page by Commissioner of Oaths and deponent