

THE TIER 4 MICROFINANCE INSTITUTIONS AND MONEY LENDERS ACT 2016

APPLICATION FOR A SACCO LICENCE

(To be completed in Triplicate)

1. Name of proposed SACCO

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2. Type of SACCO applied for:

(a) Employee SACCO

(b) Community SACCO

(c) Nationwide SACCO

(d) Any other, Specify

3. Physical address of the head office:

.....

.....

3 Postal address.....

Email.....

Telephone number

4 Organizational structure and management of the registered society

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(attach copy)

5 Certificate of registration issued under the Cooperative Societies Act

(attach copy)

6 Names of places of business in Uganda and start date and the number of years each has been conducting business as a registered society

S/N	Place of Business	Year Of registration as a registered society	No. Of Years in Operation
1			
2			
3			

4			
5			
6			

8. Details of Capital:

- (a) Core Capital
- (b) Permanent and non-withdrawable member share capital
- (c) Redeemable member share capital.....
- (d) Institutional capital.....

9. (a) Provide the following for each member of the Board of Committee

- Name.....
- Designation.....Address
- ress.....
- Other Directorship
- Date of Appointment

(b) Provide the following for each of the senior management officers (**attach list indicating the following**):

- Name.....
- Designation.....
- Nationality
- Age
- Academic qualification or professional qualification & year obtained

- Details of previous Employment
- Date of appointment
- Position held & responsibilities

10. **BANKERS (if any):**

S/N	Name of Banker	Address	Details of Banking
1			

2			
3			
4			
5			
6			

11. Investment Managers **(If any)**

S/N	Name of Investment Manager	Address	Details of Investment
1			
2			
3			
4			
5			
6			

12. AUDITORS **(If any)**;

Provide details of the following Name of auditors

.....

Date of appointment

13. Does the registered society hold or has it ever held any authority from a supervisory body to carry out any business activity in Uganda or elsewhere? Yes/No

If yes, give particulars

If any such authority has been revoked, give particulars,

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14. Has the registered society been put under receivership in the past or made any compromise or arrangement with its creditors in the past or otherwise failed to satisfy its creditors in full? Yes/No

If yes, please give details

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15. Is the registered society currently engaged or does it expect to be involved in any litigation which may have a material effect on the resources of the institution? Yes/ No

If yes, give particulars.....

16. Is the registered society engaged in any business relationship with any of its officers or significant shareholders? Yes/No

If yes, give particulars

17. FINANCIAL SERVICES

(a) List and briefly describe current and envisaged financial products

S/N	Financial Products and Services	Description (e.g. interest rates or fees charged)

Financial Product and Services Description

(b) Describe the methodologies of delivering products and services

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18. Please provide evidence of payment of application fees

DECLARATION

We, the undersigned, being the members of the committee, declare that to the best of our knowledge and belief, the information contained herein is complete and accurate.

Chairperson..... (Name)

Signature..... Date

Chief Executive Officer..... (Name)

Signature..... Date.....

Note: This form must be accompanied by all relevant documents and requirements prescribed in the Act and these Regulations.