

SCHEDULES

SCHEDULE 1

FORM 1 A

Regulation 3

THE TIER 4 MICROFINANCE INSTITUTIONS AND MONEY LENDERS ACT 2016

APPLICATION FOR A LICENCE (NON DEPOSIT)

(To be completed in Triplicate)

1. Name of Non-Deposit Taking Microfinance Institution
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2. Physical address of the head office:
3. Postal address.....Email,.....
4. Telephone number.....
5. Present administrative structure:
6. Date of incorporation or registration with NGO Bureau
7. Certificate of incorporation or registration as the case may be (attach copy)h
8. Names of places of business in Uganda and start date and the number of years each has been established and has conducted or carried out business

S/N	Place of Business	Year Established	No. Of Years in Operation
1			
2			
3			
4			
5			
6			

9. Details of Capital:

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

10. (a) Provide the following for each member of the Board of Directors

- Name.....
- Designation.....
- Address.....
- Other directorship.....
- Date of appointment.....

(b) Provide the following for each of the senior management officers: -

- Name.....
- Designation.....
- Nationality.....
- Age.....
- Academic or Professional Qualifications & year obtained.....

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Details of previous employment:

- Date of appointment.....
- Position held & responsibilities.....

11. Has any person responsible for the management of a company been convicted of an offence relating to embezzlement or any other financial impropriety? If so, please provide the name of the person and the related details.....

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12. Do you know whether any such application was rejected or withdrawn after it was made or any authorization revoked? If so, give particulars.....

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13. Have you at any time been convicted of any criminal offence in any jurisdiction? If so, give particulars of the court in which you were convicted, the offence, the penalty imposed and the date of conviction.....

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14. Have you ever failed to satisfy any debt adjudged due and payable by you on an order of court, or have you made any compromise arrangement with your creditors within the last 5 years?.....

If so, give particulars.....

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15. Have you ever been declared bankrupt by a court or has a bankruptcy petition ever been served on you?

If so, give particulars.....

16. Have you ever been held liable by a court, for any fraud or other misconduct?.....

If so, give particulars.....

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17. BANKERS (if any):

S/N	Name of Banker	Address	Details of Banking
1			
2			
3			
4			
5			
6			

18. AUDITORS;

Provide details of the following Name of auditors.....

Date of appointment.....

19. Has the Non-Deposit Taking Microfinance Institution 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.....

20. Has the Non-Deposit Taking Microfinance Institution been the subject of an investigation, in any country.....? If YES, give particulars.....

21. Is the Non-Deposit Taking Microfinance Institution 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.....

22. Is the institution engaged or does it expect to be engaged in any business relationship with any of its officers or significant shareholders? Yes..... No..... If yes, give the particulars.....

23. 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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DECLARATION

We, the undersigned, being the Board of Directors of the institution, 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.