

APPLICATION FORM FOR RENEWAL OF LICENCE

KEY INSTRUCTIONS:

1. This form is issued by the Authority pursuant to Section 50(6), 53, and 64 of the Sacco Societies Act No. 14 of 2008, as read with Reg. 6 of the Sacco Societies (Deposit-taking Sacco Business) Regulations, 2010.
2. Officers of the SACCO Society are advised to read the instructions carefully in each section before filling this license renewal application form; and additional sheets of papers may be used in case the spaces provided are inadequate.
3. No blank spaces should be left in any section. If a question does not apply, please type "**N/A**". If the answer is none, write "**NONE**".
4. Incomplete or incorrectly filled forms; or forms with no signature on the declaration under oath; or forms filled out illegibly shall be returned unprocessed; and the Authority shall reserve the right to institute or commence administrative enforcement actions against any officer of the SACCO Society, culpable for the incompleteness, inaccuracy, or incorrectness of the contents of the Form pursuant to Section 51 and 64 of the Act.
5. SACCO Societies and officers thereof are advised to take note of the following provisions of the Sacco Societies Act;
 - a) **Section 53(2):** - *"The Authority shall collect such data and other information as may be necessary to enable it to maintain supervision and surveillance of the affairs of Sacco societies and the protection of their members funds and, for this purpose, may require any Sacco society to submit statistical and other returns on aperiodic basis in addition to any other returns required by law or as prescribed by the Authority"*
 - b) **Section 64:** - *"Any officer of a Sacco society who fails to— (a) take all reasonable steps to secure the accuracy and correctness of any statement or information submitted under this Act and the regulations; or (c) supply any information required under this Act to the Minister or the Authority,, commits an offence..."*
6. The SACCO Society's Board of Directors and senior management are advised to comprehensively discuss and validate the completeness; accuracy and correctness of all the information supplied in this form; before authorizing the Chairman (or a designate alternate) and the Chief Executive Officer to sign the DECLARATION thereunder.
7. The license renewal application form should be submitted to the Authority at least ninety (90) days before the expiry of the current license (i.e. 30th September of each year) in accordance *with Reg. (5) of the Regulations, 2010*; and must be accompanied by a license application fees of Kshs 3,000/- payable directly to the Authority's Account (attach payment slip) as prescribed in Reg. 4 of the Regulations 2010.
8. The Form may be downloaded from the Authority's website www.sasra.go.ke; or obtained from the Authority upon request in writing to supervision@sasra.go.ke or info@sasra.go.ke.

1. PARTICULARS OF SACCO SOCIETY:

- a) Full (Current) Names of the SACCO Society
- b) C.S. No.
- c) Date of First Registration.....
- d) List **ALL Former Names** by which the SACCO Society has been known, stating the period and the date of the certificate of Change of name.

PARTICULARS OF FORMER NAMES OF THE SACCO SOCIETY			
	Former Names of the SACCO Society	From (Period) To (Period) e.g. 2/12/1978 to 3 rd June 2012)	Date of Certificate of Change of Names
1.			
2.			
3.			

- e) This Application is for Deposit –taking Sacco business license for year.....

2. LOCATION AND ADDRESS OF THE REGISTERED HEAD OFFICE

- a) Provide a comprehensive details of the physical location of the SACCO Society’s Registered Head Office in the table below

PARTICULARS OF THE PHYSICAL LOCATION OF HEAD OFFICE				
Name of County where SACCO head office is located	Name of Town where SACCO head officer is located	Physical address of Head Office L.R. No	Name of Building	Name of Street/Road

- b) Provide details of the SACCO Society’s addresses in the table below

PARTICULARS OF ADDRESSES OF THE SACCO SOCIETY				
Postal Address	Telephone Number(s)	E-mail Address(es)	P.I.N. Number	VAT Registration Number
	1.			
	2.			
	3.			
	4.			

3. FIELD OF MEMBERSHIP (COMMON BOND):

- a) State the SACCO Society’s original memberships’ common bond at registration
- b) Has the original memberships’ Common-bond been changed (opened)?(YES/NO)
- c) If YES, list all categories of persons qualified for membership of the SACCO Society in the table below

CATEGORIES OF PERSONS QUALIFIED TO JOIN MEMBERSHIP OF THE SACCO SOCIETY			
Category of Persons Qualified for Membership		Category of Persons Qualified for Membership	
1.		5.	
2.		6.	
3.		7.	
4.		8.	

4. BRANCHES NETWORKS OF THE SACCO SOCIETY:

List the names of all Licensed Branches; the year of first licensing; the town or market centre; and the County where each of the branches is located:

PARTICULARS OF ALL THE LICENSED BRANCH NETWORKS OF THE SACCO SOCIETY				
S/ No	Name of Branch	Name of <u>Town, or trading centre or market centre</u> where Branch is located	County where branch is located	Year first licensed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

PARTICULARS OF ALL THE LICENSED BRANCH NETWORKS OF THE SACCO SOCIETY				
S/ No	Name of Branch	Name of <u>Town, or trading centre or market</u> <u>centre</u> where Branch is located	County where branch is located	Year first licensed
19.				
20.				
21.				
22.				
23.				
24.				
25.				

(Kindly use the above template to print in separate sheet information of all branch networks if the above space is not sufficient)

5. AUTOMATED TELLER MACHINES (ATM) CONNECTIVITY:

- a) Is the SACCO Society connected to any ATM for its Deposit-taking business?(YES/NO)
- b) If YES, list the Name of the Operator (provider of ATM); and the name of the ATM; whether the ATM services are presently active (live) or dormant in the table below

PARTICULARS OF THIRD PARTY ATM SERVICES			
	Name of the Operator (provider of ATM)	Name of the ATM	Active/Dormant
1.			
2.			
3.			

- c) Does the SACCO operate its OWN ATM services? (YES/NO)
- d) If YES, list the details of the self-operated and owned ATMs in the table below:

PARTICULARS OF SELF-OPERATED AND OWNED ATM SERVICES				
	Town or Market/Trading Centre where ATM is located	Street and Building where ATM is located	County	Date ATM established
1.				
2.				
3.				
4.				
5.				
6.				

(Kindly use the above template to print in separate sheet information of all branch networks if the above space is not sufficient)

6. OTHER PLACES OF BUSINESS.

Provide the particulars of the place of business operated by the SACCO Society e.g. satellite, marketing office, mobile unit etc. (NB. Take note of the definition provided hereunder)

NOTES:

- a) **Satellite offices:** Is a place of business where a Sacco offers limited services to members on designated days of the week/month etc, and rather than throughout the days of the week as in a branch.
- b) **Marketing Office:** is a place of Sacco business if the business activities undertaken therein are limited to marketing, advertisement, promotion or publicizing of the Sacco and Sacco activities, but does not involve the provision of FOSA services (deposit-taking business).
- c) **Mobile Units:** is a movable or portable place of Sacco business which is operated by the Sacco Society through the transportation means of air, land or water in carrying out the provision of FOSA services (deposit-taking business) to its members.

a) PARTICULARS OF SATELLITE OFFICES			
	Name of the location (town or trading centre or street) of the place of business	County where place of is located	Date Established
1.			
2.			
3.			
4.			
5.			
6.			
7.			

b) PARTICULARS OF MARKETING OFFICES			
NO.	Name of the location (town or trading centre or street) of the place of business	County where place of is located	Date Established
1.			
2.			
3.			
4.			
5.			
6.			

c) PARTICULARS OF MOBILE UNITS			
	Name of the location (town or trading centre or street) of the place of business	County where place of is located	Date Established
1.			
2.			
3.			

c) PARTICULARS OF MOBILE UNITS			
	Name of the location (<i>town or trading centre or street</i>) of the place of business	County where place of is located	Date Established
4.			
5.			
6.			

7. AGENCY BANKING SERVICES:

- a) Does the SACCO Society provide **Agency Banking services** for any Banking Institution(s)?(YES/NO)
- b) Was the Agency Banking Service(s) **approved by the Authority (SASRA)?** (YES/NO)
- c) If **YES**, state the Banking Institution(s) and the date of approval by SASRA in the table below:

PARTICULARS OF AGENCY BANKING OFFERED BY THE SACCO SOCIETY			
S/NO	Name of Banking Institution	Date Approved by SASRA	Sacco's Places of Business where Agency Banking Offered e.g. HQs only; or HQs and All Branches; HQs and All Branches except XYZ Branch, etc.
1.			
2.			
3.			
4.			
5.			

8. SACCO AGENCY BUSINESS:

- a) Has the SACCO Society appointed; or entered into any agreement; or partnership with any other persons or entities or company or institution to act as the SACCO's agent (**SACCO AGENCY**) in the provision of services to the members? (YES/NO)
- b) If **YES**, list the **SACCO AGENTS** in the table below:

PARTICULARS OF SACCO AGENCIES/AGENTS OF THE SACCO SOCIETY					
	Full Names of the Agent	Town or market or trading centre	Location of the agent i.e. street or building	Telephone No. of the Agent	County situated
1.					
2.					
3.					
4.					

PARTICULARS OF SACCO AGENCIES/AGENTS OF THE SACCO SOCIETY					
	Full Names of the Agent	Town or market or trading centre	Location of the agent i.e. street or building	Telephone No. of the Agent	County situated
5.					
6.					
7.					
8.					

(Attach additional sheets for the particulars of all Agents if the space is inadequate)

9. VIRTUAL SACCO BUSINESS SERVICES (i.e internet and mobile deposit-taking (banking services):

a) MOBILE PHONE BASED DEPOSIT-TAKING SACCO BUSINESS SERVICES

- (i) Does the SACCO Society operate a MOBILE PHONE BASED deposit-taking Sacco business services?
(YES/NO)
- (ii) If YES, State the Full Name of Platform Provider for Mobile-Based Services and their addresses in the table below.

PARTICULARS OF MOBILE-PHONE BASED FINANCIAL SERVICES PLATFORM PROVIDER				
	Full Name of Platform Provider for MOBILE-BASED Services	Postal Address & Physical	Telephone contacts	Is the MOBILE PHONE BASED Service Approved By Authority (SASRA)
1.				
2.				

b) INTERNET-BASED SERVICES DEPOSIT-TAKING SACCO BUSINESS SERVICES

- (i) Does the SACCO Society operate **INTERNET-BASED SERVICES** deposit-taking Sacco business services?
(YES/NO)
- (ii) If YES State the Name of the Platform Provider for INTERNET-BASED Service and their addresses in the table below

PARTICULARS OF INTERNET-BASED FINANCIAL SERVICES PLATFORM PROVIDER				
	Name of the Platform Provider for INTERNET-BASED Service	Postal Address & Physical	Telephone contacts	Is the INTERNET-BASED Service Approved By Authority (SASRA)
1.				
2.				

10. PARTNERSHIP FOR CHEQUE ISSUANCE

- a) Does the SACCO Society provide **cheque services** to its members in partnership or agreement with a Banking institution? (YES/NO)
- b) If **YES**, name the Banking institution(s) and whether the Services are approved by the Authority (SASRA) in the table below (***NB. It is illegal and contrary to law to enter into any partnership without written approval of the Authority***)

PARTICULARS OF CHEQUE PARTNERSHIPS ENTERED INTO BY THE SACCO SOCIETY			
	Name of Banking Institution	Date Cheque Partnership commenced	Date Partnership approved by SASRA
1.			
2.			
3.			
4.			

11. MANAGEMENT INFORMATION SYSTEM (MIS)

- a) List the details and particulars of the SACCO Society’s **Management Information System (MIS)** in the table below

PARTICULARS OF THE MANAGEMENT INFORMATION SYSTEM							
Name of the SACCO Society’s MIS	Date of Implementation /Installation of MIS	Full Names of the Vendor	Postal Address of Vendor	Physical Address of the Vendor: (<u>Name of the Town located</u>)	Location of Vendor (<u>building and Street located</u>)	Telephone No. of Vendor	E-mail Number of the Vendor

- b) Has the SACCO Society changed its Management Information System (MIS) during the course of the current year?YES/NO
- c) Has the SACCO Society conducted or carried out a **Systems Audit** during the course of the current year? YES/NO

d) If YES, kindly attach a copy of the Systems Audit Report in this Application Form.

12. CREDIT INFORMATION SHARING (CIS)

a) Does the SACCO Society participate in the Credit Information Sharing (CIS)? (YES/NO)

b) If YES, state the details of the **CREDIT REFERENCE BUREAU (CRB)** with which the SACCO Society has a written agreement to share Credit Information, in the table below:

PARTICULARS OF THE CREDIT INFORMATION SHARING SERVICES			
	Full Name of the CRB	Postal Address of the CRB	Telephone Numbers
1.			
2.			
3.			
4.			

13. PARTICULARS OF OFFICERS OF THE SACCO SOCIETY AS AT 30TH SEPTEMBER OF THE CURRENT YEAR:

This section is MANDATORY and must be filled by all SACCO Society. Individual officers/Directors should verify that the information supplied is correct and accurate

a) **DIRECTORS** (This section is MANDATORY:

List the Full Names of all the Directors including the date they assumed office; gender and year of Birth.

PARTICULARS OF DIRECTORS OF THE SACCO SOCIETY					
	Full Names of the Director	Date of Assumption of office as Director	Gender i.e. Male or Female	Year of Birth	Personal Telephone Number of Director
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PARTICULARS OF DIRECTORS OF THE SACCO SOCIETY					
	Full Names of the Director	Date of Assumption of office as Director	Gender i.e. Male or Female	Year of Birth	Personal Telephone Number of Director
11.					
12.					

b) OFFICIALS AND OFFICER BEARERS (This section is **MANDATORY**):

List the Full Names of all the officials or office bearers of the SACCO Society including the date they assumed office; gender and year of Birth.

PARTICULARS OF OFFICIALS OF THE SACCO SOCIETY					
	Designation	Full Names of the Director	Gender i.e. Male or Female	Year of Birth	Date of Assumption of this office as an official
1.	CHAIRMAN				
2.	VICE-CHAIRMAN				
3.	SECRETARY				
4.	TREASURER				
5.					
6.					
7.					

(List any other office in the SACCO Society not captured above)

c) MEMBERS OF SUPERVISORY COMMITTEE (This section is **MANDATORY**)

List the Full Names of all the Members of the Supervisory Committee of the SACCO Society, including the date they assumed office; gender and year of Birth.

PARTICULARS OF MEMBERS OF SUPERVISORY COMMITTEE OF THE SACCO SOCIETY					
	Full Names of the Director	Date of Assumption of office as Member Supervisory Committee	Gender i.e. Male or Female	Year of Birth	Personal Telephone Number
1.					
2.					
3.					
4.					

d) SENIOR MANAGEMENT (This section is **MANDATORY**).

List the particulars of ALL Senior Management Officers in the SACCO Society clearly stating their designations; Highest Academic qualification, Professional Qualifications and Date of Appointment to current position in the table below.

PARTICULARS OF SENIOR MANAGEMENT AND OFFICERS OF THE SACCO SOCIETY								
	Full Names of the Officer	Designation	Gender i.e Male or Female	Year of Birth	Highest academic qualifications (e.g. Bachelors, or Masters or Diploma Certificate etc.)	Professional Qualifications (e.g. CPS, CPA, Advocate etc.)	Date of Appointment to current position	Personal Telephone Number
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

(Print on additional sheets using the above template for the particulars of all Senior Management Officers if the space is inadequate)

14. BANKERS OF THE SACCO SOCIETY (This section is **MANDATORY**):

Provide the particulars of ALL the SACCO Society’s Bankers.

PARTICULARS OF BANKERS AND BANK ACCOUNTS OF THE SACCO SOCIETY				
	Bank Name	Branch Name	Account Number(s)	Nature of Account e.g. overdraft, current, settlement etc.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PARTICULARS OF BANKERS AND BANK ACCOUNTS OF THE SACCO SOCIETY				
	Bank Name	Branch Name	Account Number(s)	Nature of Account e.g. overdraft, current, settlement etc.
11.				
12.				
13.				
14.				

(Print on additional sheets using the above template for the particulars of all Bankers if the space is inadequate)

15. PARTICULARS OF EXTERNAL AUDITORS OF THE SACCO SOCIETY

a) EXTERNAL AUDITORS FOR CURRENT YEAR

List the particular details of the external auditors of the SACCO Society for the current financial period in the following table

PARTICULARS OF THE EXTERNAL AUDITORS OF THE CURRENT YEAR			
	Full Names of the External Auditors of the SACCO Society	Postal and Physical Address or Location of the offices of External Auditor	Telephone number of the External Auditor
1.			

b) EXTERNAL AUDITORS FOR THE LAST TWO YEARS

List the particular details of the external auditors of the SACCO Society for the past two (2) years period in the following table

PARTICULARS OF THE EXTERNAL AUDITORS FOR THE PAST TWO YEARS				
	Full Names of the External Auditors of the SACCO Society	Postal and Physical Address or Location of the offices of External Auditor	Telephone number of the External Auditor	Year of Auditing
1.				
2.				

16. PARTICULARS OF ACTIVITIES IN ASSOCIATE/SUBSIDIARIES COMPANIES:

- a) Has the SACCO Society registered or incorporated or made investments in any other subsidiary or associate company or partnership in which it **has controlling interests?**(YES/NO)

- b) If **YES**, provide the **list of all the Associate or subsidiary companies** in the table below.

PARTICULARS OF SUBSIDIARIES AND ASSOCIATE COMPANIES OF THE SACCO SOCIETY					
	Full Names of subsidiary/associate company (per certificate or registration of subsidiary)	Key Purpose or Objective of the subsidiary of associate company	Date of incorporation	Total number of shares held by the SACCO Society	Total value of the shares held (KSHS)
1.					
2.					
3.					

NOTE: Controlling interest is where the SACCO Society holds more than 50% of the shares or equity in the associate or subsidiary company)

17. PARTICULARS OF ACTIVITIES IN RELATED HOUSING/INVESTMENTS CO-OPERATIVE SOCIETIES:

- a) Does the SACCO Society have **a related Co-operative Society such as Housing or Investment Co-operative Society** in which it has **common membership or Directors** or a portion of membership or Directors?..... (YES/NO)

- b) If **YES**, list the particulars of the related Co-operative Society below.

PARTICULARS OF ASSOCIATED HOUSING/INVESTMENT CO-OPERATIVE SOCIETY					
	Full Names of related co-operative society	Key purpose or Objective of the Cooperative Society	Date of incorporation	Shares/Deposits held by the SACCO Society	Total value of the shares held (KSHS)
1.					
2.					

18. EMPLOYEES’ STATISTICS IN THE SACCO SOCIETY:

Provide details of the number of employees in the SACCO Society as at the date of this application in the following table.

PARTICULARS OF EMPLOYEES’ STATISTICS IN THE SACCO SOCIETY					
Employees on permanent or other contractual Terms		Employees on casual or temporary terms		TOTAL NUMBER OF ALL THE EMPLOYEES	
Male Employees	Female Employees	Male Employees	Female Employees	Male Employees	Female Employees

19. UNREMITTED DEDUCTIONS AND OTHER DEDUCTIONS OWED TO SACCO SOCIETY AS AT 30TH JUNE OF CURRENT YEAR

- a) Is the SACCO Society owed any unremitted deductions made from the salaries or other dues of its members by an employer or factory or company or government entity *etc?*
(YES/NO)

- b) If YES, provide details and particulars of the **unremitted deductions and other dues** in the table below.

PARTICULARS OF UNREMITTED DEDUCTIONS AS AT 30TH JUNE OF CURRENT YEAR				
	Name and Particulars of the Employer Institution; or government agency; or Company or Factory	Number of members involved	Loan Repayment Deductions: Amounts deducted for loan repayment but unremitted (KSHS)	Non-withdraw-able (BOSA) deposits deductions: Amounts deducted for BOSA but unremitted (KSHS)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

20. UNREMITTED STATUTORY DEDUCTIONS BY THE SACCO SOCIETY e.g TAXES, NSSF, NHIF, NITA etc. AS AT 30TH JUNE OF CURRENT YEAR

- a) Does the SACCO Society owe any government entity any unremitted statutory deductions made from the salaries or other dues of its employees etc.?
.....(YES/NO)
- b) If **YES**, provide details and particulars of the **unremitted statutory deductions and other dues** in the table below.

PARTICULARS OF UNREMITTED STATUTORY DEDUCTIONS AS AT 30TH JUNE OF CURRENT YEAR			
	Name and Particulars of the government agency or department e.g. KRA/NSSF/NHIF/NITA etc	Period of outstanding for the unremitted deductions (IN MONTHS)	Amounts deducted/due to gov't/agency, but unremitted (KSHS)
1.			
2.			
3.			
4.			
5.			

21. PENDING INQUIRIES, INVESTIGATIONS OR LITIGATIONS

a) INQUIRY OR INSPECTIONS BY COMMISSIONER FOR COOPERATIVES

- (i) Has an **INQUIRY OR INSPECTION** by the (Commissioner of Cooperative Development) under the Cooperative Societies Act been undertaken in the SACCO Society in the last one year, after the grant of the current license?(YES/NO)
- (ii) If **YES**, give the particulars in the table below:

PARTICULARS OF INQUIRIES OR INSPECTIONS BY COMMISSIONER FOR CO-OPERATIVES		
Dates of the Inquiry or Inspection by Commissioner	Date of Submission of Inquiry or Inspection Report or pending submission	Summary of the Findings of the Report and recommendations

b) PENDING INVESTIGATIONS BY NATIONAL POLICE SERVICE; DIRECTORATE OF CRIMINAL INVESTIGATIONS(DCI); OR THE ETHICS AND ANTI-CORRUPTION AUTHORITY (EACC)

(i) Is the SACCO Society or the Board of Directors or any of its officers under **any investigations or Inquiry** by any law enforcement agency (*National Police Service, DCI, or EACC*)? **(YES/NO)**

(ii) If **YES**, give the particulars in the table below:

PARTICULARS OF PENDING INVESTIGATIONS BY POLICE, DCI OR EACC				
	Name of the Investigative Agency	Nature of the Investigations or Inquiry	Names of the Persons or group of persons under the Investigation or Inquiry	Date the Investigation or Inquiry Commenced
1.				
2.				
3.				
4.				

c) PENDING TAX INSPECTIONS BY KENYA REVENUE AUTHORITY (KRA)

(i) Is the SACCO Society **under any inquiry or inspection by the Kenya Revenue Authority (KRA)** for purposes of tax compliance? **(YES/NO)**

(ii) If **YES**, give the particulars of the Inspection/Inquiry by KRA in the table below:

PARTICULARS OF PENDING TAX COMPLIANCE INQUIRIES BY KRA		
Amount of Money involved as notified by KRA (KSHS)	Brief Summary and particulars of the Inquiry by KRA	Date when SACCO was notified by KRA

PARTICULARS OF PENDING TAX COMPLIANCE INQUIRIES BY KRA		
Amount of Money involved as notified by KRA (KSHS)	Brief Summary and particulars of the Inquiry by KRA	Date when SACCO was notified by KRA

d) PENDING LITIGATION

- (i) Is the SACCO Society involved in **any material litigation in a court of law or tribunal**; where the subject matter in dispute is valued at over **Kshs 1,000,000/** or the value of the subject matter exceeds 25% of the SACCO Society’s core capital?..... **(YES/NO)**

- (ii) If **YES**, give the particulars of the pending litigation in the table below:

PARTICULARS OF PENDING LITIGATION BY OR AGAINST THE SACCO SOCIETY					
	Case Number	Name of court or tribunal	Parties to the litigation	Brief on the dispute	Apr. Value of the subject matter (Kshs)
1.					
2.					
3.					
4.					
5.					

PARTICULARS OF PENDING LITIGATION BY OR AGAINST THE SACCO SOCIETY					
	Case Number	Name of court or tribunal	Parties to the litigation	Brief on the dispute	Apr. Value of the subject matter (Kshs)
6.					

(Use additional sheets of paper in case the spaces provided are not adequate)

e) FINANCIAL FORENSIC AUDITS OR ANY OTHER FINANCIAL AUDITS OF THE SACCO SOCIETY

- a) Has the SACCO Society conducted or enlisted the services of any professional firm or individual to conduct a Forensic financial audit or financial audit of the SACCO Society during the course of the current year?.....YES/NO
- b) If **YES**, kindly attach a copy of the Audit Report.

DECLARATION

(This section is MANDATORY)

We, the undersigned, being officers of the above named SACCO society, solemnly **declare** that to the best of our knowledge and belief, the Information provided in this form and all the attachments thereto are complete, correct, accurate and true.

a) Chairman or an Authorized Director on behalf of the Board (Name).....

Signature Date.....

b) Chief Executive Officer (Name).....

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

IN THE PRESENCE OF

.....
 COMMISSIONER FOR OATHS/MAGISTRATE.