# APPLICATION FORM

**APPLICATION FOR REGISTRATION AS AN LINKED INVESTMENT SERVICE PROVIDER**

An application for registration as an Linked Investment Service Provider in terms of the Section 4(1)(f) of the Stock Exchanges Control Act, 1985 (Act No. 1 of 1985) (“the Act”) must comply with the requirements and be accompanied by the information and documentation set out herein:

|  |  |  |  |
| --- | --- | --- | --- |
| Public Company |  | Private Company |  |

*Please tick whichever is relevant*

**Section A. Company information**

# General

* + Full name of applicant .................................................................................................
	+ Principal Office Address .............................................................................................
	+ Postal Address .............................................................................................................
	+ Telephone Number ......................................................................................................
	+ Facsimile .....................................................................................................................
	+ Website, if any .............................................................................................................
	+ E-mail address .............................................................................................................
	+ Financial year end of the company ..............................................................................
	+ Company’s registration No .........................................................................................
	+ Namibian Tax reference no .........................................................................................
	+ Contact Person name and number ...............................................................................

# Financial Resources

We hereby confirm that the company has a start-up capital of N$250 000 for employment in the business and will maintain liquid resources that cover 13 weeks of annual expenditure at all times.

|  |  |  |
| --- | --- | --- |
|  | **Paid-up share capital** | **Proof[[1]](#footnote-1)****Yes/No** |
| Start-up capital | N$250 000 |  |

# Auditor

* + Full name of Auditor ...................................................................................................
	+ Contact Person ............................................................................................................
	+ Postal Address .............................................................................................................
	+ Physical Address .........................................................................................................
	+ Telephone No ..............................................................................................................
	+ Facsimile .....................................................................................................................

# Directors

*<Provide details of each director, using a separate sheet as attachment where applicable>*

* + Full name of director ...................................................................................................
	+ Identification No .........................................................................................................
	+ Nationality ..................................................................................................................
	+ Postal address ..............................................................................................................
	+ Telephone No .............................................................................................................
	+ Email address .............................................................................................................

# Shareholders

*<Provide details of each shareholder, using a separate sheet as attachment where applicable; if it is a company, provide contact person’s details>*

* + Full name of shareholder .............................................................................................
	+ Identification/Company registration No ......................................................................
	+ Nationality/ Country of Incorporation .........................................................................
	+ Postal address .............................................................................................................
	+ Telephone No ..............................................................................................................
	+ Email address of shareholder or contact person ..........................................................

# Chief Executive Officer

* + Full name ....................................................................................................................
	+ Identification No .........................................................................................................
	+ Nationality ..................................................................................................................
	+ Postal address .............................................................................................................
	+ Telephone No .............................................................................................................
	+ Email address .............................................................................................................

# Portfolio Manager

* + Full name ....................................................................................................................
	+ Identification No .........................................................................................................
	+ Nationality ..................................................................................................................
	+ (If not Namibian, provide letter stating the exceptional circumstance)
	+ Postal address .............................................................................................................
	+ Telephone No .............................................................................................................
	+ Email address .............................................................................................................

# Bank Details

* + Name of Bank .............................................................................................................
	+ Branch Name .............................................................................................................
	+ Account No .................................................................................................................

*<Proof of bank account to be attached>*

# Custodian Details

* + Name of Custodian ......................................................................................................

# SECTION B: (Honesty and Integrity) (Legal Persons – Applicant Company)

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 company 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)? |  |  |
| 2 | Has the company, 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? |  |  |
| 3 | Has the company, 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? |  |  |
| 4 | Has the company, within a period of ten years preceding the date of application, been found guilty by any regulatory of 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? |  |  |
| 5 | Has the company 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? |  |  |
| 6 | Has the company 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? |  |  |
| 7 | Has the company ever been placed under judicial management, insolvency processes or any other processes of a similar nature? |  |  |
| 8 | Has the company ever been found to be liable under the Financial Intelligence Act, 2012, (Act No. 13 of 2012), and/or the Prevention of Organized Crime Act, 2004 (Act No. 29 of 2004) and/or the Combating of Financing of Terrorist Act, 2012 (Act No. 12 of 2012) and/or any other similar crime in any country? |  |  |
| 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? |  |  |

**SECTION C: Operational Ability, AML Requirements and Duties**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Operational ability** | YES | NO |
| (a) | Do your compliance arrangements specify how often compliance with procedures are monitored and reported? |  |  |
| (b) | Do you have a documented process to ensure the maintenance of the adequacy of your compliance and monitoring arrangements? |  |  |
| (c) | Do you have documented processes to ensure that records for training programs attended are kept, including continued education training for your key responsible person? |  |  |
| (d) | Do you have documented processes for the supervision and monitoring of your representatives to ensure they comply with laid down policies and procedures? |  |  |
| (e) | Do you have adequate access to communication facilities including at least, a full- time telephone or cell phone service, typing and document duplication facilities? |  |  |
| (f) | Do you have adequate storage and filing systems for the safekeeping of records, business communications and correspondence? |  |  |
| (g) | Will any substantial activities of the entity be outsourced? |  |  |
| (h) | Do you have written service level agreements in place for outsourced activities? |  |  |
| (i) | Do you have a process in place to ensure that providers selected for any outsourced functions are suitable? |  |  |
| (j) | To whom will you be outsourcing these activities?Independent party Related party Both |  |  |
| (k) | What is the name of the entity to whom you intend outsourcing?……………………………………………………………… |  |  |
| (l) | What function(s) will be outsourced?……………………………………………………….………………………………………………………. |  |  |
| **2.** | **Internal controls structure, procedures and controls** |  |  |
| (a) | Do you have internal controls structure, procedures and controls in place which include the following? | YES | NO |
| (i) | segregation of duties, roles and responsibilities where such segregation is appropriate from an operational risk mitigation perspective; |  |  |
| (ii) | access rights and data security on electronic data, where applicable; |  |  |
| (iii) | physical security of the providers’ assets and records, where applicable; |  |  |
| (iv) | documentation relating to business processes, policies and controls, and technical requirements; |  |  |
| (v) | system application testing, where applicable; |  |  |
| (vi) | disaster recovery and back-up procedures on electronic data, where applicable; |  |  |
| (ii) | training for all staff regarding the requirements of the Conditions; |  |  |
| (viii) | a business continuity plan; |  |  |
| (b) | Compliance with the Financial Intelligence Act, 2012 (Act No. 13 of 2012), and other anti-money laundering legislation. |  |  |
| (i) | Do you have written internal rules in place (Know Your Customer, Customer Due Diligence, Reporting of suspicious transactions) as required by the Financial Intelligence Act, 2012 (Act No. 13 of 2012)? |  |  |
| (ii) | Do you have processes in place to ensure that employees receive training in respect of and are aware of their obligation to report suspicious transactions? |  |  |
| (iii) | Do you have anti-money laundering control policies, procedures and systems in place? |  |  |
| (iv) | Do you have processes to incorporate any additional requirements as may be required under the Financial Intelligence Act, 2012 (Act No.13 of 2012), and/or any other anti-money laundering legislation? |  |  |
| (v) | Do you have process in place to train staff in relation to anti-money laundering legislation? |  |  |

# 3. Duties

* 1. In addition, we will:
		1. Comply with the provisions of the Conditions and the Act;
		2. Comply with the provisions of the Financial Intelligence Act, 2012 (Act No. 13 of 2012);
		3. Pay levies; and
		4. Submit returns as required by the Registrar.

# SECTION D: (Honesty and Integrity) (Key Responsible Person)

**To be completed by all Key Responsible Persons (“KRP”) (Print and complete for each KRP as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of KRP:** |  |  |
|  | **Capacity of KRP:** |  |  |
|  |  | **YES** | **NO** |
| 1 | Has an adverse finding been made against you 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), in which you were found to have acted fraudulently, dishonestly, unprofessionally, dishonourably or in breach of a fiduciary duty? |  |  |
| 2 | Have you 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? |  |  |
| 3 | Have you 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? |  |  |
| 4 | Have you within a period of ten years preceding the date of application been found guilty by any regulatory of 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? |  |  |
| 5 | Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in Namibia or elsewhere) from taking part in the management of any company or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not? |  |  |
| 6 | Have you 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? |  |  |
| 7 | Have you 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? |  |  |
| 8 | Have you at any time prior to the date of application been disqualified or prohibited by any court of law ( whether in Namibia or elsewhere) from taking part in the management of any company or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not? |  |  |
| 9 | Are you subject to an order of a competent court holding you to be mentally unfit or disordered? |  |  |
| 10 | Have you within a period of ten years preceding the date of application been removed from office on account of misconduct relating to fraud or the misappropriation of money, whether in the Republic or elsewhere? |  |  |
| 11 | Have you within a period of ten years preceding the date of application been a director or member of a governing body of an entity at the time that such entity has been de-registered in terms of public regulation? |  |  |
| 12 | Have you within a period of ten years preceding the date of application received a grant of amnesty or free pardon for any offence? |  |  |
| 13 | Has your estate ever been sequestrated? |  |  |
| 14 | Have you ever been convicted of an offence or found to be liable under the Financial Intelligence Act, 2012 (Act No.13 of 2012 (FIA), and/or the Prevention of Organized Crime Act, 2004 (Act No. 29 of 2004 and/or the Combating of Financing of Terrorist Act, 2012 (Act No. 12 of 2012) and/or any other similar crime in any country? |  |  |
| 15 | 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? |  |  |

**Key Responsible Person Declaration**

I, (full names) hereby declare the following:

This statement consists of pages, each initialled 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 of the Linked Investment Service Provider, I will notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information supplied to the Registrar 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. 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

# Note: The Registrar may call upon the applicant to furnish him/her with further information relevant to the application. The registrar is not obliged to consider incomplete applications.

**Applicant’s Declaration**

We: (Name of company applying for the registration as an Linked Investment Service Provider)

* **Declare** that all the information provided in this application (including all attachments) is complete, true and correct.
* **Read and understood** the provisions in the Conditions and hereby declare that we will comply with these provisions and any other provisions as may be determined by the Registrar.
* **Understand** that if any information in this application changes before this application is approved, we must notify the Authority in writing immediately of the changes.

(To be signed by either two directors or the Chief Executive Officer and a director of the entity applying as an Linked Investment Service Provider.)

.................................................... ............................................ ......................................

# Full Name Signature Date

.................................................... ............................................ ......................................

# Full Name Signature Date

**Commissioner of Oath**

........................................................................................ .......................................................

**Signature Date and Stamp**

1. *Provide original or original certified copies of documents disclosing and providing proof of the source of funds that will be used as start-up capital. NB: Applicants are required to satisfy NAMFISA that the funds for capital emanate from a legitimate source and that these funds were obtained through lawful means and are still available. Bank statements evidencing the availability of the funds and the transfer of the funds should also be provided.* [↑](#footnote-ref-1)