## **SCHEDULE 7**

## ADDITIONAL MICROLENDING BRANCH POST-APPROVAL FORM

SECTION A				
Registered name:				
NAMFISA Registration No:				
This section allows you to add details	of the new	additional microle	nding branch:	
Physical Address of branch		Address line 1:		
		Address line 2:		
		Address line 3:		
		Town/City:		
Postal Address of branch		Address line 1:		
		Address line 2:		
		Address line 3:		
		Town/City:		
Branch Telephone No				
Branch Fax No				
Branch e-mail address				
Basic Office Infrastructure information:			If no, kindly add comments	
a. Sufficient tables and chairs?	Yes:	No:		
b. Electronic device with subscription to a registered credit bureau?	Yes:	No:		
c. Filing systems?	Yes:	No:		
d. Reasonable degree of confidentiality maintained at office?	Yes:	No:		
1. Attachment: Certificate of Fitness and microlending branch is situated:	Registrati	on issued by Local A	uthority where additional	
2. Attachment: photos of office set-up:				
SECTION B				
1 Full names of branch manager				
<ol> <li>Full names of branch manager:</li> <li>Identity No:</li> </ol>				
2. Personal postal address:				
<ol> <li>Personal postal address:</li> <li>Personal residential address:</li> </ol>				
4. Personal telephone Nos:				
	<u> </u>			
Attachment 1: CV				
Attachment 2: Certified copy of ID				
Attachment 2: Certified copy of				
educational qualifications (including highest school leaving certificate)				

Attachment 4: Certified copy of Certificate of Conduct		
Attachment 5: Completed Natural Persons Fit and Proper questionnaire		
Attachment 6:Proof of relevant experience		
SECTION C		
By signing this document I confirm that	all the above information is true and accurate and can be relied on	

By signing this document I confirm that all the above information is true and accurate and can be relied on and that I will disclose all necessary material information that may be required by NAMFISA.

SIGNED ON BEHALF OF THE APPLICANT: Name: Capacity: Signature: