



ANNEXURE B

FIT AND PROPER REQUIREMENTS FOR THE PRINCIPAL OFFICER AND EVERY BOARD MEMBER OF THE FUND

If the answer to any of the questions in respect of any individual mentioned above is yes, provide full details and attach to the application form:

	YES	NO
1. Have you within a period of five years preceding the date of the 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you within a period of five years preceding the date of the application been denied membership of any body referred to in 1 on account of an act of dishonesty negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you within a period of five years preceding the date of the application been found guilty by any regulatory or 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body (whether in Namibia or elsewhere) or has an authorization to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you at any time prior to the date of the 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 of whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>

<p>5. Have you ever been involved with a corporation, which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory authority?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you had any judgment (including a finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings, in Namibia or elsewhere or are there any proceedings now pending which may lead to such a judgment?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Have you ever been a controlling shareholder, director of a company or member of a close corporation or a trustee of any fund which was placed under judicial management or in provisional or final liquidation?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Have you ever 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?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Do you have any additional information, which should be brought to the Registrar's attention, which may have an impact on the evaluation of your application to be accredited?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Are you a director, member, trustee, shareholder, employee or other official of any organization? [If Yes, provide the names of the organization(s)]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Have you ever been declared insolvent?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. If the answer to 11 is "Yes" have you since been rehabilitated?</p>	<input type="checkbox"/>	<input type="checkbox"/>



13. Do you hold any shares or have any financial interest in:	<input type="checkbox"/>	<input type="checkbox"/>
a. a financial brokerage;	<input type="checkbox"/>	<input type="checkbox"/>
b. an administrator of medical aid fund;	<input type="checkbox"/>	<input type="checkbox"/>
c. a managed healthcare organization;	<input type="checkbox"/>	<input type="checkbox"/>
d. any other organization or entity that provides healthcare or consultation services to medical aid funds;	<input type="checkbox"/>	<input type="checkbox"/>
e. a life office, a short term insurer or re-insurer;	<input type="checkbox"/>	<input type="checkbox"/>
f. an investment company, collective investment scheme or similar financial entity; and	<input type="checkbox"/>	<input type="checkbox"/>
g. any other financial institution registered by NAMFISA or the Bank of Namibia.	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

1. I declare that, to the best of my knowledge, that the information herein supplied is complete, true and correct and not misleading in any respect.
2. I undertake to supply any further information requested by the office of the Registrar, or NAMFISA, as and when required for purposes of carrying out the provisions of the Medical Aid Funds Act, 1995 (Act 23 of 1995), the Regulations published there under and any other directive(s) issued by the Registrar, and/or NAMFISA.

.....
Full Name
 (Trustee or Principal Officer)

.....
Signature

.....
Date