

LEGAL PERSONS (LP) FIT AND PROPER (FAP) STATEMENT:

Name of entity: _____

Date of submission to NAMFISA: _____

NB:

- 1. Separate copies of the LP FAP Statement must be submitted on behalf of the applicant, and every corporate entity or trust directly or indirectly:**
 - **Controlling the applicant (including joint control); or**
 - **Holding 20% or more of the ownership interest or voting rights in the applicant.**

- 2. The statement must be completed by an authorised representative of the legal person.**

- 3. The statement must be initialled on every page and signed in the presence of an independent Commissioner of Oaths (or a Notary Public, if signed outside Namibia), together with certified supporting documents evidencing all information provided in the statement.**

SECTION A: (ENTITY INFORMATION)

A.1 Full registered name: _____

A.2 Previously registered name/s: _____

A.3 Trading name/s: _____

A.4 Entity Registration No.: _____

A.5 Country of Registration: _____

A.6 If not incorporated in Namibia please provide description of the entity: _____

A.7 Tax Reference No.: _____

A.8 Financial year end: _____

A.9 Nature of business: _____

A.10 Registered address: _____

A.11 Principal place of business: _____

A.12 Contact person: _____

A.13 Postal address: _____

A.14 Telephone number: _____

A.15 Fax number: _____

A.16 E-mail address: _____

A.17 Web site: _____

Initials of Deponent & Initials of Commissioner of Oaths

A.18 Mobile number: _____

A.19 Is the entity subject to regulation in a foreign country or financial services intermediary?: _____

A.20 If yes, which jurisdiction?: _____

A.21 Name of foreign regulator/s?: _____

A.22 List all the members / shareholders / trust beneficiaries of the corporate entity / trust and indicate the extent of the interest directly held by each of them in the corporate entity / trust

(Complete table below. Add additional rows if necessary.):

No.	Full names:	Indicate if an individual / the type of entity (e.g. close corporation, private company, public company, trust etc.)	Extent of interest held (%):
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

A. 23 Provide details on the beneficial ownership structure of the corporate entity / trust:

NB: Provide an organogram of its entire beneficial ownership structure. The organogram should depict all individuals, corporate entities and trusts directly and / or indirectly holding an ownership interest in the corporate entity or trust up to and including its ultimate beneficial owners.

The organogram should include the full names of, and the extent of the interest held by, such individuals and / or corporate entities / trusts.

If the space provided is not sufficient, provide the information on a separate page/s.

SECTION B: (HONESTY AND INTEGRITY)

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 entity 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)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the entity, within a period of ten years preceding the date of application, been found guilty by any professional or financial services industry or regulatory body (whether in Namibia or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the entity, within a period of ten years preceding the date of application, been denied membership of any body referred to in question 2 above on account of an act of dishonesty negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the entity, within a period of ten years preceding the date of application, been found guilty by any regulatory or supervisory body (whether in Namibia or elsewhere) or has an authorisation 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"/>
5	Has the entity 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?	<input type="checkbox"/>	<input type="checkbox"/>
6	Has the entity ever been refused authorisation to carry on business by any regulatory body (whether in Namibia or elsewhere), or has such authorisation ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the entity ever been placed under judicial management, insolvency processes or any other processes of a similar nature?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the entity ever been found to be liable under the Financial Intelligence Act, No. 13 of 2012 (FIA), and/or the Prevention of Organised Crime Act, No. 29 of 2004 and/or the Prevention and Combating of Terrorist and Proliferation Activities Act, No.4 of 2014 and/or any other similar crime in any country?	<input type="checkbox"/>	<input type="checkbox"/>
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 the entity's fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>

Initials of Deponent & _____
Initials of Commissioner of Oaths

SECTION C: DETAILS OF EACH OWNER (E.G. INDIVIDUAL / MEMBER / SHAREHOLDER) OR TRUST BENEFICIARY CONTROLLING OR HOLDING 20% OR MORE OF THE OWNERSHIP/BENEFICIAL INTEREST OR VOTING RIGHTS IN THE ENTITY (IF MORE THAN ONE, DUPLICATE THIS SECTION AND COMPLETE IT FOR EACH INDIVIDUAL)

C.1 Full name(s)/ Full registered name: _____

C.2 Previous surname(s)/ Previously registered name/s: _____

C.3 Nationality/ Country of Registration: _____

C.4 If not incorporated in Namibia please provide description of the company: _____

C. 5 Identification No/Company Registration No: _____

C.6 Date of Birth/Incorporation/registration: _____

C.7 Occupation/Nature of business: _____

C.8 Date of ownership acquired: _____

C.9 Residential address: _____

C.10 Business address: _____

C.11 E-mail: _____

C.12 Website: _____

C.13 Telephone: _____

C.14 Cell No: _____

C.15 Fax number: _____

Initials of Deponent & Initials of Commissioner of Oaths

C.16 Percentage shareholding/interest: _____

C.17 Is the entity subject to regulation in a foreign country or financial services intermediary?: _____

C.18 If yes, which jurisdiction?: _____

C.19 Name of foreign regulator/s?: _____

SECTION D: DETAILS OF DIRECTOR / TRUSTEE OR PERSON HOLDING A COMPARABLE POSITION IN THE ENTITY (IF MORE THAN ONE, DUPLICATE THIS SECTION AND COMPLETE IT FOR EACH INDIVIDUAL)

D.1 Full name(s): _____

D.2 Previous surname(s): _____

D.3 Nationality: _____

D.4 Identification No.: _____

D.5 Date of Birth: _____

D.6 Occupation: _____

D.7 Date appointed: _____

D.8 Residential address: _____

D.9 Business address: _____

D.10 E-mail: _____

D.11 Telephone: _____

D.12 Cell No: _____

D.13 Fax No: _____

DECLARATION (OATH)

I, _____ (full names) in my capacity as _____ of the entity referred to herein.

Hereby declare the following:

1. This statement consists of _____ pages and was completed and initialed by me on each page.
2. I am duly authorised to complete this statement on behalf of the entity in terms of _____¹ dated _____ (attached).
3. The contents of this statement are true to the best of my knowledge and belief.
4. As long as I continue to be a _____ of the entity, I will notify the Registrar of any material changes to, or affecting the completeness or accuracy of, the information provided as soon as possible, but no later than 30 days from the day that the changes come to my attention.
5. I know and understand the content of this declaration. I do not have any objections to taking the prescribed oath/affirmation. I consider the prescribed oath/affirmation to be binding on my conscience.

SIGNATURE OF DEPONENT

I hereby declare that the deponent has sworn/affirmed to and signed this statement in my presence at _____ on the ____ day of _____ 20__ and they declared as follows: that the facts herein contained fall within their personal knowledge and that they understand the contents hereof; that they have no objection to taking the oath/affirmation; that they regard the oath/affirmation as binding on their conscience.

COMMISSIONER OF OATHS (To initial on each page as well)

FULL NAMES _____

CAPACITY _____

ADDRESS _____

¹ A formal letter, resolution or certified extract from the minutes authorising the person to complete this LP FAP requirements statement on behalf of the legal person should be submitted.