



**FIT AND PROPER ASSESSMENT**

**SECTION A: PERSONAL INFORMATION – NATURAL PERSON KEY RESPONSIBLE PERSON**

A.1 Full names: \_\_\_\_\_

A.2 Previous names: \_\_\_\_\_

A.3 Current Nationality: \_\_\_\_\_

A.4 Previous Nationality: \_\_\_\_\_

A.5 Identification number or Passport number: \_\_\_\_\_

A.6 Date of Birth: \_\_\_\_\_

A.7 Place of Birth: \_\_\_\_\_

A.8 Residential address: \_\_\_\_\_

A.9 Business address: \_\_\_\_\_

A.10 Telephone number: \_\_\_\_\_

A.11 Fax number: \_\_\_\_\_

A.12 E-mail address: \_\_\_\_\_

A. 13 Mobile number: \_\_\_\_\_

A. 14 Occupation: \_\_\_\_\_

A. 15 Nature and location of business (*where applicable*): \_\_\_\_\_

\_\_\_\_\_

**SECTION B: HONESTY AND INTEGRITY – NATURAL PERSON KEY RESPONSIBLE PERSON**

Full name(s) of Natural Person Key Responsible Person:

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 any 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, dishonorably or in breach of a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you within a period of ten years preceding the date of application been found guilty by any professional, 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	Have you 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	Have you 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body (whether in Namibia or elsewhere), or has an authorization to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?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"/>
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 corporate entity or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you been the subject of any investigation or disciplinary proceedings or has administrative action been taken or administrative penalties been imposed by any regulatory authority, professional or government body or agency, an exchange or a self-regulatory organisation (whether in Namibia, or elsewhere)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you subject to an order of a competent court holding you to be mentally unfit or disordered?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you within a period of ten years preceding the date of application been removed from or left office on account of misconduct relating to fraud or the misappropriation of money, whether in Namibia or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you within a period of ten years preceding the date of application received a grant of amnesty or free pardon for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
11	Has your estate ever been sequestered?	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you ever been convicted of an offence or 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 Prevention and Combating of Terrorist and Proliferation Activities Act, 2014 (Act No. 4 of 2014) and/or any other similar Acts describing similar offences and/or liability in any country?	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you within a period of five years preceding the date of application been adversely listed on a Credit Bureau (whether in Namibia or elsewhere)?	<input type="checkbox"/>	<input type="checkbox"/>

14	Have you previously been appointed as a Principal Officer or Director in the financial services industry or as a Branch Manager in the microlending industry? If yes, provide more information, i.e. duration, which company, etc.	<input type="checkbox"/>	<input type="checkbox"/>
15	Are you involved in other corporate entities as a Director, Shareholder, Member, Trustee, etc.? If yes, provide more information, i.e. duration, which company, etc.	<input type="checkbox"/>	<input type="checkbox"/>
16	Has any corporate entity in respect of which you are or were a Member, Shareholder, Director, Trustee or officer ever been convicted or an offence or 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 Prevention and Combating of Terrorist and Proliferation Activities Act, 2014 (Act No. 4 of 2014) and/or any other similar Acts describing similar offences and/or liability in any country?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you have any additional information, which should be brought to NAMFISA's attention, which may have an impact on the evaluation by NAMFISA of your good character and integrity?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C: COMPETENCE – NATURAL PERSON KEY RESPONSIBLE PERSON**

Full name(s) of Natural Person Key Responsible Person:

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**C.1 Training** (complete table below):

Qualification	Institution	Date obtained

**C.2 Experience** (complete table below):

Relevant employment history and/or experience in the industry: (To be supported with proof of relevant experience, including but not limited to reference letters from previous employers or clients or certificates of service from previous employers). Enclose detailed Curriculum Vitae (CV) of the natural person key responsible person.

Position held	Employer	Contact Details	Period

**SECTION D: WHERE THE NATURAL PERSON KEY RESPONSIBLE PERSON IS A PART OWNER -  
SOURCE OF FUNDS AND AMOUNT OF CAPITAL:**

Full name(s) of Natural Person Key Responsible Person:

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D.1 Source of Funds: \_\_\_\_\_

D.2 Amount of share capital: \_\_\_\_\_

**NB: Kindly note that all source of funds must be properly and thoroughly supported with documentary evidence of how the money was earned, i.e. what activities were conducted to generate the funds.**

**DECLARATION BY THE NATURAL PERSON KEY RESPONSIBLE PERSON**

I, \_\_\_\_\_(full names) hereby declare under oath/affirm as follows:

This statement consists of \_\_\_\_\_pages, each initialed 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 a key responsible person of \_\_\_\_\_(name of microlender), I will notify NAMFISA of any material changes to, or affecting the completeness or accuracy of, the information supplied to NAMFISA 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/affirmation. I consider the prescribed oath/affirmation to be binding on my conscience.

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**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/affirmation; that he/she regards the oath/affirmation as binding on his/her conscience.

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**COMMISSIONER OF OATHS**

FULL NAMES \_\_\_\_\_

CAPACITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

**SECTION E: INFORMATION - LEGAL PERSON KEY RESPONSIBLE PERSON**

E.1 Full registered name: \_\_\_\_\_

E.2 Previously registered name(s): \_\_\_\_\_

E.3 Trading name(s): \_\_\_\_\_

E.4 Corporate entity/legal person registration No.: \_\_\_\_\_

E.5 Country of registration: \_\_\_\_\_

E.6 If not incorporated in Namibia please provide description of the corporate entity/legal person: \_\_\_\_\_  
\_\_\_\_\_

E.7 Income Tax Registration No. and VAT Registration No., if applicable: \_\_\_\_\_

E.8 Financial year end: \_\_\_\_\_

E.9 Nature of business: \_\_\_\_\_

E.10 Registered address: \_\_\_\_\_

E.11 Principal place of business: \_\_\_\_\_

E.12 Contact person: \_\_\_\_\_

E.13 Postal address: \_\_\_\_\_

E.14 Telephone No: \_\_\_\_\_

E.15 Fax No: \_\_\_\_\_

E.16 Mobile No: \_\_\_\_\_

E.17 Is the corporate entity/legal person subject to financial services regulation in a foreign country or a financial services intermediary?: \_\_\_\_\_

E.18 If yes, which jurisdiction: \_\_\_\_\_

E.19 Name of foreign regulator(s): \_\_\_\_\_

**SECTION F: HONESTY AND INTEGRITY – LEGAL PERSON KEY RESPONSIBLE PERSON**

Full name(s) of legal person: \_\_\_\_\_

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 any adverse finding been made against the legal person 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 the legal person has been found to have acted fraudulently, dishonestly, unprofessionally, dishonorably or in breach of a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the legal person within a period of ten years preceding the date of application, been found guilty by any professional, 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 legal person 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 legal person 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 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"/>
5	Has the legal person 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 other corporate entity or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>
6	Has the legal person been the subject of any investigation or disciplinary proceedings or has administrative action been taken or administrative penalties been imposed by any regulatory authority, professional or government body or agency, an exchange or self-regulatory organisation (whether in Namibia or elsewhere)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the legal person 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?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the legal person ever been placed under judicial management, insolvency, liquidation or any other processes of a similar nature?	<input type="checkbox"/>	<input type="checkbox"/>
9	Has the legal person ever been convicted of an offence or 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 Prevention and Combating of Terrorist and Proliferation Activities Act, 2014 (Act No. 4 of 2014) and/or any other similar Acts describing similar offences and/or liability in any country?	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the legal person have any additional information, which should be brought to NAMFISA's attention, which may have an impact on the evaluation by NAMFISA of the legal person's conduct?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION G: SOURCE OF FUNDS AND AMOUNT OF SHARE CAPITAL:**

Full name(s) of Legal Person Key Responsible Person:

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G.1 Source of Funds: \_\_\_\_\_

G.2 Amount of share capital: \_\_\_\_\_

**NB: Kindly note that all source of funds must be properly and thoroughly supported with documentary evidence of how the money was earned, i.e. what activities were conducted to generate the funds.**

**DECLARATION BY APPLICANT WHERE THE KEY RESPONSIBLE PERSON IS A LEGAL PERSON**

I, \_\_\_\_\_ (full names) in my capacity as \_\_\_\_\_ of the applicant referred to herein, hereby declare under oath/affirm as follows:

This statement consists of \_\_\_\_\_ pages, was completed by me. The contents of this statement are true to the best of my knowledge and belief.

I undertake that, as long as I continue to be a \_\_\_\_\_ of the entity, I will notify NAMFISA of any material changes to, or affecting the completeness or accuracy of, the information supplied to NAMFISA 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/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 the declaration in my presence at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and he/she declared as follows: that the facts herein contained fall within his or her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath/affirmation; that he/she regards the oath/affirmation as binding on his/her conscience.

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

FULL NAMES: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_