

**FORM 1**

**PARTICULARS OF SCHEME**

**Name of scheme.....**

**Financial year ended**

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**1 Address of head office**

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**2 Mailing address (if different)**

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**3 Key officer**

Name

Title

Telephone number

Fax number

Email address


**5 Trustees**


**7 Auditor**

Name of auditor/ audit firm

Managing partner

Address

Telephone number

Fax number

Email address


**8 Actuary (if applicable)**

Name

Address

Tel

Fax

Email


\_\_\_\_\_  
Signature (on behalf of  
trustees)  
Date:

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:

**FORM 2**

**PARTICULARS OF MEMBERS OF SCHEME**

Name of scheme.....

**1 Financial year ended**

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**2 Members of scheme**

- (a) Number of members at start of reporting period
- Number of members admitted to scheme during period
- (b) Number of members retired during period
- (c) Number of member deceased during period
- Number of other members who leave scheme
- (d) during period
  
- Total number of members at end of period

<b>Female</b>	<b>Male</b>

**3 Members of scheme who retire from employment**

- (a) Number of members who are retired from employment at start of period
- Number of members who retire from
- (b) employment during period
  
- Total number of members who are retired from employment at end of period

<b>Female</b>	<b>Male</b>

\_\_\_\_\_  
 Signature (on behalf of trustees)  
 Date:

\_\_\_\_\_  
 Signature (n behalf of trustees)  
 Date:

**FORM 3**

**STATEMENT OF INCOME AND EXPENDITURE OF SCHEME**

Name of scheme.....

**Financial year ended** .....

**1**

<b>Previous Year - 1</b>	<b>Previous Year</b>
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**2 Income**

Employer contributions		
Employee contributions		
Additional voluntary contributions		
Insurance proceeds (including proceeds from death and disability)		
Other income (specify)		
<b>Total income</b>		

**3 Benefits paid**

Death benefits paid		
Disability benefits paid		
Retirement benefits paid		
Pensions payments made		
Withdrawal benefits paid		
Other benefits paid (specify)		
<b>Total benefits paid</b>		

**4 Operational expenses**

Payments for salaries and benefits of employees		
Payments for remuneration for trustees		
Payments for other expenses of the trustees		
Payments for insurance premiums		
Administration fees paid		
Audit fees paid		
Actuarial fees paid		
License fees paid		
Tax expenses		
Rental expenses		
Other payments (specify)		

**Total expenses**

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**Net income**

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\_\_\_\_\_  
Signature (on behalf of  
trustees)  
Date:

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:

**FORM 4**

**STATEMENT OF INVESTMENTS OF SCHEME**

Name of scheme.....

**1 Financial year ended**

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**2 How asset are invested**

Investment by fund managers  
Collective investment schemes  
Insurance policies  
Other (specify)

<b>Yes</b>	<b>No</b>

**3 Details of fund managers,  
collective investment schemes  
and insurers**

<b>Address (including email address and telephone number)</b>	<b>Value of assets managed</b>

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:

**FORM 5**

**STATEMENT OF INCOME FROM INVESTMENTS OF SCHEME**

Name of scheme.....

Financial year ended...

<b>1</b>	<b>Previous year - 1</b>	<b>Previous year</b>
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**2 Source of income**

Interest income		
Dividends		
Rental income		
Realized capital gains or loss		
Unrealized capital gains or loss		
Other (specify)		

<b>Total income</b>		
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**3 Expenses**

Professional fees		
Fund management fees		
Custody fees		
Transaction costs		
Bank charges		
Other (specify)		

<b>Total expenses</b>		
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**4 Tax**

Income tax		
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<b>Net income from investments</b>		
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\_\_\_\_\_  
Signature (on behalf  
of trustees)  
Date:

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:

**FORM 6**  
**STATEMENT OF FINANCIAL STATUS OF SCHEME**

Name of scheme.....

Financial year ended  
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<b>1</b>	<b>Previous year - 1</b>	<b>Previous year</b>
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<b>2</b>	<b>Value of assets</b>	
	Value of investment property	
	Value of plant and equipment	
	Value of financial assets	
	Value of contributions and other receivables	
	Cash and cash equivalents	
	Other (specify)	

<b>Total value of assets</b>		
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<b>3</b>	<b>Value of liabilities</b>	
	Accounts payable	
	Other (Specify)	

<b>Net value of assets</b>		
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<b>4</b>	<b>Member accounts/reserves</b>	
	Account/reserve 1	
	Account/reserve 2	
	Account/reserve 3	

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:

\_\_\_\_\_  
Signature (on behalf of trustees)  
Date:



**REPORT ON CONTRIBUTIONS AND INVESTMENTS OF SCHEME**

**PART I**

**REPORT ON REMITTED AND OUTSTANDING CONTRIBUTIONS OF SCHEME**

Name of scheme.....

Reporting period.....

	Previous reporting period	Current reporting period
<b>Remitted contributions</b>		
Employer contributions		
Employee contributions		
Additional voluntary contributions		
<b>Total</b>		

<b>Outstanding contributions</b>		
Employer contributions		
Employee contributions		
Additional voluntary contributions		
<b>Total</b>		

1. Briefly state the reasons for the non-remittance of the outstanding contributions.

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2. State the measures which the scheme is undertaking to ensure remittance of the outstanding contributions?

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corporations (non-deposit taking) (c) Nonfinancial corporations								
Shares in collective investment schemes approved by the Capital Market Authority								
Government securities								
Shares in companies quoted in a stock exchange in a Partner State of the East African Community.								
Private equity								
Investment immovable property								
Real estate investment trusts approved by the Capital Market Authority								
Property unit trust approved by the Capital Market Authority								
Any other assets approved by the Authority								
<b>Total assets invested</b>								

**PART II**

**REPORT OF INVESTMENT OF FUNDS OF SCHEME**

**Name of Scheme**.....

**Reporting period**.....

**Additional information:**

1. State whether the allocation of the assets is consistent with the percentages prescribed in the Uganda Retirement Benefits Regulatory Authority (Investment of Scheme Funds) Regulations 2014, Statutory Instrument No.44 of 2014.

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2. Where applicable, explain the reason for the inconsistency stated in paragraph 1

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3. State whether the management of the assets is consistent with the schemes' investment policy statement?

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4. Where applicable, explain the reason for the inconsistency stated in paragraph 3.

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5. What measures are being undertaken to ensure compliance with the investment regulations and the schemes investment policy statement?

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Signed by .....  
Fund manager of the scheme

Verified by .....  
Trustee (On behalf of trustees)