



## **FIT AND PROPER FORM FOR APPLICANTS FOR A LICENSE AS TRUSTEES, ADMINISTRATORS, CUSTODIANS AND FUND MANAGERS OF RETIREMENT BENEFITS SCHEMES**

### **SPECIAL NOTES**

1. Each proposed Trustee or key officer must satisfy the Authority's requirements that he or she is a fit and proper person to act as a trustee, Custodian, Administrator or Fund Manager of a retirement benefits scheme. Accordingly, each individual applicant for a license and all directors and key officers of a service provider must complete this fit and proper form.
2. All information shall be provided in this form together with the attachments thereto.
3. All information will be treated with strict confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a proposed trustee, key officer or director of a scheme or service provider except in so far as it may be required and permitted by law.
4. This information will only be taken into account if it directly relates to the requirements of the position.
5. All the fit and proper forms must be accompanied with the following: –
  - i. Curriculum vitae
  - ii. Copies of certified certificates of college and university education
  - iii. Evidence of current membership in a professional body
  - iv. Current Tax clearance certificate from Uganda Revenue Authority
  - v. Certificate of Good Conduct from the Uganda Police Force
  - vi. A certified report from the Credit Reference Bureau Services indicating your debt profile and repayment history.

## FIT AND PROPER ASSESSMENT

To be completed by all individuals appointed to responsible person positions.

### 1. Entity, Position Title and Description

Name of Entity

Brief description of the duties and functions of the position

### 2. Personal Details of Appointee

Family Name

Given Name(s)

Date of Birth (dd/mm/yyyy)

Country and Town of Birth

Nationality

Country of Residence

Gender (Male/Female)

Marital Status (Single/Married/Divorced)

Nationality

Country of Residence

Identification Number

Include a certified copy of identification

REF

Passport Number (if applicable)

Include a certified copy of passport

REF

Work Permit (if applicable)

Include a certified copy of Work Permit

REF

Direct Business Telephone Number/Mobile Number

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Email Address

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Postal Address

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Residential Address/Town/Area District

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**3. Change of Name and address**

Have you ever changed your name or used an alias?

YES	NO
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*If "YES", please provide details below*

Previous Family Name/Alias

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Previous Given Name(s)/Alias

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Date of Change (dd/mm/yyyy)

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Have you changed your permanent address in the last 5 years?

YES	NO
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*If "YES", please provide details below*

Previous Residential Address/Town/Area District

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**4. Qualifications**

Educational qualifications

Qualification	Year	Institution

Professional qualifications

Professional Body	Year	Status

**5. Other Directorship(s) or Trusteeships(s) held over the last 10 years**

Organization	Date of appointment	Date of resignation

**6. Significant shareholding(s) in financial institutions over the past 10 years** (where significant shareholding is 10% or more of a class of shares or direct or indirect control of 10% or more of the voting stock - if interest has been relinquished note the date under "status", otherwise state "active")

Financial Institution	Nature of financial interest	Status

**7. Employment history for the last 10 years (start with the most recent)**

Employer's Name	
Type of Business	
Address	
Contact Number	
Contact Email	
Position held and brief description	
Start date	
End date	

Employer's Name	
Type of Business	
Address	
Contact Number	
Contact Email	
Position held and brief description	
Start date	

End date	
Employer's Name	
Type of Business	
Address	
Contact Number	
Contact Email	
Position held and brief description	
Start date	
End date	

**8. Fitness and Propriety Questionnaire** (If the answer to a question is "YES", please provide additional explanations on a separate page with a reference provided)

a. Have you been disqualified under any legislation administered by Bank of Uganda, CMA, IRA or any other laws of Uganda or financial, corporate or similar laws in another jurisdiction?	YES	NO	REF
b. Have you been, or are likely to be, removed or suspended, by order of a regulatory authority in Uganda or elsewhere, as a director, trustee, officer or significant owner of a regulated institution or related entity?	YES	NO	REF
c. Have you contravened any provision of the Financial Institutions Act (2016) or any rule or order issued thereunder, or been guilty of gross negligence or willful or intentional misconduct as those terms contextually apply in the Financial Institutions Act or elsewhere under similar regulations?	YES	NO	REF
d. Have you been a director, executive officer, manager or significant owner of a financial institution in Uganda or elsewhere, which has become insolvent, been under receivership, been wound up or liquidated?	YES	NO	REF
e. Have you, or any business in which you have had a controlling interest, been censured, prosecuted, and warned as to conduct, disciplined, or publicly criticized by, or made subject to a court order by any governmental department or agency, professional association, or regulatory body in Uganda or elsewhere?	YES	NO	REF
f. Have you ever been found guilty or convicted for any offense or had any administrative order served or been disqualified from serving as a director, trustee or holder of financial related licenses in Uganda or elsewhere, within the last 10 years?	YES	NO	REF
g. Are you now or do you expect to be engaged in litigation, in Uganda or elsewhere, which may have a material adverse effect on your resources?	YES	NO	REF
h. Have you within the last 10 years, failed to satisfy within one year a judgment of debt under a court order in Uganda or elsewhere?	YES	NO	REF
i. Have you ever been judged by a court, in Uganda or elsewhere, to be civilly liable for fraud, malfeasance, or any other misconduct?	YES	NO	REF
j. Have you ever been judged bankrupt by a court, in Uganda or elsewhere, or made any compromise or otherwise failed to satisfy your creditors in full within the last 20 years?	YES	NO	REF
k. Do you have any disputed obligations for taxes due and payable to the Uganda Revenue Authority or any other taxation authority in Uganda or elsewhere?	YES	NO	REF

l. Do you hold a government appointed or elected position in Parliament, or a regional or local authority in Uganda or in a foreign country, or are you an officer of a registered political party in Uganda or elsewhere?	YES	NO	REF
m. Have you ever been diagnosed as being mentally ill or unstable?	YES	NO	REF
n. Are you in default regarding any liability owed to any financial institution? (Please provide a report from a licensed credit reference bureau)	YES	NO	REF
o. Do you usually reside in Uganda? (If "NO, please describe how you intend to fulfill your obligations)	YES	NO	REF
p. Do you expect to have access to the financial, managerial, technological, intellectual and other relevant resources to be able to discharge satisfactorily the duties of the responsible person?	YES	NO	REF
q. If you are appointed as a trustee, have you read the Trustees' Code of Conduct and reasonably expect to be able to discharge your responsibilities in accordance with the Code?	YES	NO	REF
r. If you are appointed as a trustee, will you be able to undertake initial training and continued professional development or otherwise expect to receive an exemption from the Authority?	YES	NO	REF
s. Do you have a real or potential conflict of interest in relation to the role of the responsible person? (This may include by you directly or close family members and if so, provide explanation).	YES	NO	REF

**DECLARATION**

I, the undersigned, hereby declare that:

- (a) to the best of my knowledge and belief the statements made and the information supplied in this questionnaire and the attachments are correct and that there are no other facts that are relevant to the assessment of my fitness and propriety;
- (b) I understand that ..... (*insert entity name as in 1 above*) or the Authority may seek additional information from any third parties it deems necessary in view of assessing my fitness and propriety and I consent to their undertaking police checks and corporate searches as part of their due diligence; and
- (c) I undertake to bring to the attention of ..... (*insert name of entity as in 1 above*) any matter which may potentially affect my status as being someone fit and proper as and when they occur.

**APPLICANT**

Print Name:	_____
Signature:	_____
Date:	__/__/____