



APPLICATION FOR REGISTRATION OF A MANAGER

FORM NO.: SSRA/DCR/REG/SOP/1/FM/A2

Rev. No.: 0

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Provide the following particulars -

1. GENERAL

- (i) Name of Manager
- (ii) Registered Office.....
Building/ Plot No.....
Street.....
City/ Town.....
- (iii) Postal address.....
Telephone.....
Fax.....
Email.....
- (iv) Date of Incorporation
Certificate of incorporation No.....
Country of incorporation.....
- (v) Tax Identification Number (TIN).....

2. MANAGEMENT.

- (i) Members of the Board of Directors (Appendix A)
- (ii) Chief Executive, Company Secretary and Heads of Departments.
(Appendix B)
- (iii) Bankers, Auditors and Legal Advisors (Appendix C)



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(ii) Issued capital

Type of share and holding	Number of shareholders	Number of shares	Nominal value (Tshs)	Total Amount (Tshs)	% of total
(a)shares					
(i) Local					
(ii) Foreign					
Total					
(b).....Shares					
(i) Local					
(ii) Foreign					
Total					
(c)shares					
(i) Local					
(ii) Foreign					
Total					
TOTAL					



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(iii) Paid-up Capital

Type of share and holding	Number of shareholders	Number of shares	Nominal value (Tshs)	Total Amount (Tshs)	% of total
(a)shares					
(i) Local					
(ii) Foreign					
Total					
(b).....Shares					
(i) Local					
(ii) Foreign					
Total					
(c)shares					
(i) Local					
(ii) Foreign					
Total					
TOTAL					



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4. BUSINESS PARTICULARS

(i) State briefly the main object of the manager.

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(ii) State date of last Annual General Meeting.

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(iii) List the Social Security which the manager has managed their funds within the period of three years ending as at the date of application. *(In case of insufficient space provide separate attachment).*

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.....
.....

E. ATTACHMENTS.

Please attach certified copies of the following:

- (a) Latest audited report and accounts
- (b) Certificate of incorporation
- (c) CMSA Registration Certificate (if registered by Capital Markets and Securities Authority); and
- (d) Memorandum and Articles of Association



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I hereby declare regulation 10 of the Social Security Regulations has been complied with and that statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of alteration.

Signed on this day of.....

.....

Chief Executive/Secretary

Full name

Designation



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APPENDIX A

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the Manager

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Director (full name)	Nationality	Permanent Address	Occupation	Date of Appointment	No. of shares held



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APPENDIX B

PARTICULARS OF TOP MANAGEMENT OF THE MANAGER

Name of Manager.....

Executive (full name)	Designation	Nationality	Permanent Address	Date of Appointment	Academic and professional qualifications	Years of experience



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APPENDIX C

PARTICULARS OF AUDITORS, LEGAL ADVISORS AND BANKERS

Name of Manager.....

	Name of firm/institution	Income Tax P.I.N.	Postal, Telephone and fax address	Affiliated Professional body	Date of appointment
Auditors					
Bankers					
Legal Advisors					