

RETIREMENT BENEFITS AUTHORITY
APPLICATION FOR REGISTRATION OF A CUSTODIAN

Provide the following Particulars

A. GENERAL

- i) Name of Custodian

- ii) Registered office.....
Building
Road
Town

- iii) Postal Address
Telephone
Fax/email

- iv) Date of incorporation
Certificate of incorporation No.....
Country of incorporation

- v) Income Tax Personal Identification Number

- vi) Income Tax Reference Number

B. 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)

(i) Local					
(ii) Foreign					
Total					
(c)..... shares					
(i) Local					
(ii) Foreign					
Total					

D. BUSINESS PARTICULARS

(i) State briefly the main object of the custodian

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.....
.....

(ii) State date of last Annual General meeting

.....

(iii) List the retirement benefit schemes the custodian has offered custodial services for within the period of three years ending the date of application.
(In case of insufficient space provide separate attachment).

E. ATTACHMENTS

Please attach certified copies of the following:

- (i) Latest audited report and accounts
- (ii) Certificate of incorporation
- (iii) CMA Registration Certificate (if registered by the Capital Markets Authority);
- (iv) Memorandum and Articles of Association

I hereby declare section 25A of the Act 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

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the custodian

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

PARTICULARS OF TOP MANAGEMENT OF THE CUSTODIAN

Name of custodian.....

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

APPENDIX C

PARTICULARS OF AUDITORS, LEGAL ADVISORS AND BANKERS

Name of custodian

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