

**RETIREMENT BENEFITS AUTHORITY**  
**APPLICATION FOR REGISTRATION OF A MANAGER**

**Provide the following particulars -**

**A. GENERAL**

- i) Name of Manager .....
- ii) Registrated office.....  
Building .....
- Road .....
- Town .....
- iii) Postal address.....  
Telephone .....Fax/Email.....  
Telex.....

**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)
- iv) Date of incorporation..... certificate of incorporation  
no.....
- v) Income Tax Personal Identification Number .....
- vi) Income Tax Reference Number .....



Local					
Foreign					
Total					
c) .....shares					
Local					
Foreign					
Total					
TOTAL					

**D. 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 retirement benefit schemes the manager has managed their funds within the period of three years ending as at the date of application. *(Incase of insufficient space provide separate attachment).*

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**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)

I hereby declare section 25 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.....

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*Chief Executive/Secretary*

Full name .....

Designation .....

**PARTICULARS OF THE BOARD OF DIRECTORS**

**Name of the Manager**

.....

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

**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

**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					