

**FOURTH SCHEDULE R 13(2), 14 (2)**

**CLOSURE OR RELOCATION OF AN EXISTING PLACE OF BUSINESS**

**PART I: GENERAL INFORMATION**

1. Name of institution.....  
Type and Number of Licence.....
3. Total number and locations of branches and outlets and dates of establishment.....
4. Provide names of significant shareholders, nationality, address and their respective percentage shareholding.....
5. Type of current place of business to be closed or relocated (i.e. branch, agency, mobile unit, marketing office etc.) .....

**PART II: RELOCATION**

6. Name of the place of business to be relocated if already identified.....  
a) Postal address and telephone numbers.....  
b) Physical address: - L.R NO....., Building..... and Street.....  
Province, District, Division and Town.....
7. State reasons necessitating relocation of place of business.....
8. Proposed new location of the place of business.....  
a. Postal address and telephone numbers.....  
b. Physical address: - L.R NO....., Building..... and Street.....  
Province, District, Division and Town.....
9. Is the new place of business:-  
a) Self-owned?..... Yes/No\*.....If yes, cost of purchase or construction.....  
b) Leased?..... Yes/No\*.....If yes, provides lease agreement.....

- c) If agency type, provides agency agreement.....
- 10. Proposed date of commencing operations.....
- 11. Do you plan to change the status of the proposed place of business.....  
If yes, state the proposed type of status and when.....

**PART III: CLOSURE**

- 12. Location of current place of business proposed to be closed -
  - a. Postal address and telephone numbers.....
  - b. Physical address: - L.R NO....., Building..... and Street.....  
Province, District, Division and Town.....
- 13. Specify type of closure, whether permanently or temporarily.....  
If temporary closure, specify the proposed dates for closure and opening...  
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- 14. State reasons necessitating closure of place of business.....  
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- 15. Indicate profitability of the branch in the last three years.....
- 16. Provide the proposed action plan on the settlement of assets and liabilities on existing customers.....  
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- 17. Provide the proposed action plan on current branch employees.....
- 18. Are there any banking or microfinance facilities provided in the vicinity?.....  
If so, state by whom.....

Signed.....

Chief Executive Officer

Date: .....

**Note: Delete whichever is not applicable**