

**FIRST SCHEDULE**

**R 3(2)(a)**

**FORM 1: APPLICATION FORM FOR A LICENCE TO CARRY OUT THE DEPOSIT-TAKING BUSINESS IN KENYA**

1. Type of Business applied for (state whether community or nationwide deposit taking business) .....  
.....
2. Name of Institution  
.....
3. Situation of Registered Office.....
4. Physical Address of Head Office: L.R. No.....  
  
Street.....  
  
Building.....
5. Postal Address and Postal Code.....  
  
Telephone No..... P.I.N. No.....
6. Date of incorporation and certificate no.....  
.....
7. Names of places of business in Kenya and the number of years each has been established and has conducted or carried out business
  - a). In Kenya.....
  - b). In other countries.....
8. Former name(s) by which the institution has been known.....  
.....
9. Details of core and total capital
  - (a). Nominal value.....
  - (b). Paid-up value.....

**10. Particulars of Shareholding**

Present and former name	Nationality	Address	Shareholding		Ultimate beneficiaries
			No.	Amount	%

**11. Particulars of Officers:****a) Directors**

Present & Former Name	Nationality	Address	Other Directorship	Date of Appointment

**b) Other Officers**

Present & Former Name	Designation	Nationality	Age	Academic/ Professional Qualifications & Year obtained	Details of Previous Employment	Date of Appointment

Note: The vetting of other officers will be carried out at a later date than the application period as the Central Bank will determined.

**12.** Names of Bankers and their Address.....  
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**13.** Does the institution hold, or has it ever held any authority from a supervisory body to carry out any business activity in Kenya or elsewhere.....  
.....

If so, give particulars. If any such authority has been revoked, give particulars  
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**14.** Has the institution been put under receivership in the past or made any compromise or arrangement with its creditors in the past or otherwise failed to satisfy creditors in full?  
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If so, give particulars.....  
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**15.** Is an inspector or other authorized officer of any government ministry, department or agency, professional association or other regulatory body investigating or has such an investigation ever previously taken place into the affairs of the institution?.....  
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If so, give particulars.....  
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**16.** Has the institution been refused entry in Kenya or elsewhere to any professional body or trade association concerned with banking or financial activities or decided not to apply for entry after making an approach?.....  
.....

If so, give particulars.....

**17.** Is the institution currently engaged or does it expect to be involved in Kenya or elsewhere, in any litigation which may have a material effect on the resources of the Institution?.....  
.....

If so, give particulars.....

**18.** Is the institution engaged or does it expect to be engaged in any business relationship with any of its officers or significant shareholders? .....

If so, give particulars.....

**19. DECLARATION**

We, the undersigned, being officers of the institution, declare that to the best of our knowledge and belief, the information contained herein and any attachments is complete and accurate.

a) Director (Name).....

Signature..... Date.....

b) Director (Name).....

Signature.....Date.....

**Note: This application must be accompanied by all the relevant documents and requirements prescribed in the Act and these Regulations.**