



Form 4
THE SECURITIES ACT, 2010
(Rule 19)
APPLICATION FOR APPROVAL OF CHAIRMAN, CHIEF EXECUTIVE OFFICER, DIRECTOR, AND KEY PERSONS

Notes:

1. Please read the explanatory notes and questions carefully before completing the application form.
2. All questions must be answered. If a question is not applicable, please mark “N.A.” in the space provided. Should there be insufficient space for your answers, please attach annex (es) which should be identified as such and signed by the signatories to this application.
3. Where there is an asterisk (*), please delete whichever is inapplicable.
4. Please tick (✓) in the relevant boxes where appropriate.
5. If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Registrar should be notified immediately.
6. The term “key person” means a person to be appointed to a key management position or committee of the applicant, the appointment of whom the Registrar has, by notice in writing, required the applicant to obtain the approval of the Registrar.
7. This application form shall be signed by 2 directors or a director and the secretary of the applicant, and accompanied by the Appendix to this form; duly completed and signed by the person whose appointment is sought (“appointee”).

I. NAME OF APPOINTEE

.....
.....

(Full name of appointee, including any alias and other names used currently or in the past. Please underline surname.)

Application for appointment as-

(a) Chairman

.....

(b) Chief Executive Officer

.....

(c) Director

.....

(d) Key Person (State position:

.....

OF

.....*(Full name of licensee)*

II. PERSONAL PARTICULARS

1. Set out below the personal particulars of the appointee:

(a) Residential Address (if foreign address is provided, please update the Registrar with a local address when available):				
(b) Telephone and facsimile number(s)	Home:	Office:	Facsimile:	Mobile:
(c) Date of Birth (dd/mm/yy):				
(d) Place of Birth:				
(e) Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
(f) Nationality:				
(g) PIN:(for Swazi citizens)				
(i) Passport Number:(for non-Swazis)				

III. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

1. Set out in the following format information on the appointee's highest academic and professional qualifications attained.

Name and location of school/college/university/institution	Period (mm/yy)		Certificate/diploma/degree awarded/ professional qualifications
	From	To	

IV. EMPLOYMENT HISTORY

1. Set out in the following format information on the appointee's employment history (including periods of part-time employment or unemployment), business and other activities during the past 10 years.

Name and address of employer (if self-employed, please indicate)	Period (mm/yy)		Nature of business of employer	Designation and Department Brief description of duties
	From	To		

V. DIRECTORSHIPS AND SUBSTANTIAL SHAREHOLDINGS

1. Set out in the following format information on the appointee's directorships in any company.

Name of company and place of incorporation	Nature of business	Directorship (executive /non-executive)	Date of appointment (mm/yy)	Percentage shareholding in company (if any)

2. Will there be any changes in the appointee's directorships following his/her appointment with the company? If yes, please elaborate. Yes No

3. Set out in the following format information on the appointee's substantial shareholding (5% or more of the issued share capital) in any company.

Name of company and place of incorporation	Nature of business	Date of acquisition (mm/yy)	Percentage shareholding in company

4. Are there any potential areas of conflict(s) of interest arising from the appointee's proposed duties with the company or approved exchange and his/her directorship(s) and/or shareholding(s) as stated above? If yes, please elaborate.
5. Does the appointee, or any company in which the appointee is in a position to control not less than 20% of the voting rights, have a beneficial interest, whether direct or indirect, in at least 5% of the issued shares of any company quoted on a securities exchange, whether in Swlaziland or elsewhere? If yes, please elaborate and provide a list of such companies.

VI. DECLARATION

1. We are aware that section 66 of the Financial Services Regulatory Authority Act, 2010 relating to false statements made in applications.
2. We are aware that the Registrar may refuse the application for approval of chairman/chief executive officer/director/key person* if the appointee fails to satisfy the Registrar that he/she* is a fit and proper person to be approved.
3. We declare that all information given in this application and in the attached annex (es) (if any) is, to the best of our knowledge and belief, true and correct.

To the Registrar-

On the basis of due and diligent enquiry made on the background of the appointee named in this form and other information available, we believe him/her* to be of good character and reputation and have the competence and experience, to perform the functions and duties of a chairman/chief executive officer/director /key person*.

Signature	Signature	Signature
Name of Director	Name of Director/Secretary*	chairman/chief executive officer/director /key person
Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)

VII. OTHER INFORMATION

Set out any additional information that is relevant or material to this application.

VIII. DECLARATION

1. I am aware that section 66 of the Financial Services Regulatory Authority Act, 2010 relating to false statements made in applications.
2. I am aware that the Registrar may refuse the application for approval of chairman/chief executive officer/director/key person* if I fail to satisfy the Registrar that I am a fit and proper person to be approved.
3. I have read the Guidelines on Fit and Proper Criteria (the “Guidelines”) issued by FSRA and in submitting this document, I am satisfied that I am a fit and proper person based on the criteria stated in the Guidelines.
4. I declare that all information given in this application and Appendix and in the attached annexure (s) (if any) is true and correct.

Signature _____

Name of Appointee _____

Date (dd/mm/yy) _____

CERTIFICATION

This certification should be signed by 2 directors or a director and the secretary of the applicant.

To the Registrar-

On the basis of due and diligent enquiry made on the background of the appointee named in this form and other information available, we are satisfied that he/she* is a fit and proper person, based on the criteria stated in the Guidelines, to perform the functions and duties of a chairman/chief executive officer/director/key person*.

Signature	Signature	Signature
Name of Director	Name of Director/Secretary*	Appointee
Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)