

PRIME MINISTER'S OFFICE LABOUR, YOUTH, EMPLOYMENT AND PERSONS WITH DISABILITY

APPLICATION FOR REGISTRATION OF HOUSING FINANCE COMPANY

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Provide the following Particulars

| 1. | GEN | ERAL |
|----|------|---------------------------------|
| | i) | Name of Housing Finance Company |
| | ii) | Registered office |
| | | Building/ Plot No |
| | | Street |
| | | City/ Town |
| | iii) | Postal Address |
| | | Telephone |
| | | Fax/email |
| | iv) | Date of incorporation |
| | | Certificate of incorporation No |
| | | Country of incorporation |
| | v) | Tax Identification Number (TIN) |

2. 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)



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3. SHARE CAPITAL

i) Authorized capital

| Type of shares | No. of shares | Nominal Value (Tshs) | Total Value (Tshs) |
|----------------|---------------|-------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total | |
| | | | |



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(ii) Issued capital

| ii) Issued capital | | | | | |
|---------------------------|---------------------------|---------------|----------------------|---------------------------|------------|
| Type of share and holding | No of share holders | No. of shares | Nominal value (Tshs) | Total amount (Tshs) | % of total |
| (a) shares | | | | | |
| (i) Local | | | | | |
| (ii) Foreign | | | | | |
| Total | | | | | |
| (b) shares | | | | | |
| (i) Local | | | | | |
| (ii) Foreign | | | | | |
| Total | | | | | |
| (c) shares | | | | | |
| (i) Local | | | | | |
| (ii) Foreign | | | | | |
| Total | | | | | |
| | | | | | |



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(iii) Paid-up capital

| Type of share and holding | No of share holders | No. of shares | Nominal value (Tshs) | Total amount (Tshs) | % of total |
|---------------------------|---------------------|---------------|----------------------|---------------------------|------------|
| (a) shares | | | | | |
| (i) Local | | | | | |
| (ii) Foreign | | | | | |
| Total | | | | | |
| (b) shares | | | | | |
| (i) Local | | | | | |
| (ii) Foreign | | | | | |
| Total | | | | | |
| (c) shares | | | | | |
| (i) Local | | | | | |
| (ii) Foreign | | | | | |
| Total | | | | | |
| | | | | | |



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| 4. (i) | BUSINESS PARTICULARS State briefly the main object of the Housin | g Finance Company | |
| | | | |
| (ii) | State date of last Annual General meeting | | |
| Hous the the | he names of social security schemes that he ing finance company (e.g. Custodial services hree years following the application date trate attachment). | s, brokerage and othe | er services) during |
| 5. A 7 | TTACHMENTS | | |
| Pleas | se attach certified copies of the following: | | |
| (ii) (iii) (iv) | Copy of company's registration or incorpo Documents relating to operational activitie Copy of certificate of registration from the Copy of valid business license; and Current audited financial statement. | s of the institution; | |
| that s accur herei | eby declare section 16 of Social Security Restatements contained herein and the docuntrate to the best of my knowledge and belies nor in the said documents will be promptly and not later than thirty days from the date of a | nents submitted here f. Any alterations in communicated to the | ewith are true and particulars stated |
| Signe | ed on thisday of | | |
| | Chief Executive/S | ecretary | |
| Full n | ame | | |
| Desig | gnation | | |



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APPENDIX A

PARTICULARS OF THE BOARD OF DIRECTORS

Name of the Custodian.....

| Director (full name) | Nationality | Permanent Address | Occupational | Date of Appointment | No. of shares held |
|-------------------------|-------------|----------------------|--------------|------------------------|--------------------|
| | | | | | |
| | | | | | |
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| | | | | | |



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APPENDIX B

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



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Name of Custodian

| | Name of firm/institution | Income Tax Number (T.I.N) | Postal, Telephone and fax address | Affiliated Professional body | Date of appointment |
|---------------|--------------------------|------------------------------|-----------------------------------|---------------------------------|---------------------|
| Auditors | | | | | |
| Legal Advisor | | | | | |
| Banker | | | | | |