![ICIFA - INSTITUTE OF CERTIFIED INVESTMENT AND FINANCIAL ANALYSTS]

APPLICATION FOR REGISTRATION OF FIRM TO ENGAGE IN THE PUBLIC PRACTICE OF FINANCIAL AND INVESTMENT ANALYSIS AND PROVISION OF OTHER SERVICES UNDER THE INVESTMENT AND FINANCIAL ANALYSTS ACT NO. 13 OF 2015

Application made pursuant to the provisions of sections 18 (1) and 21 (1) of the Investment and Financial Analysts Act, No. 13 of 2015 ("IFA Act"):

1. **Details of Firm** (*Please also attach Certificate of incorporation, brief company profile, CR12 certificate*)

   a) Name of Firm...

   b) Postal Address: P O Box........................Postal Code............. City/Town...…......

   c) Physical Address of Registered Office …………………………………….........

   d) Telephone / Cell Number………..……………………………..………………..

   e) Email…………………………………………………………………………………

2. **Declaration**

   We hereby declare that our organization is engaged in financial and investment analysis as defined in the IFA Act and has the following persons who are members of the Institute of Certified Investment and Financial Analysts ("ICIFA") in good standing and hold Practising Certificates and valid Annual Licences issued by ICIFA.

   Details of ICIFA Members with Practising Certificates Employed by the Firm:

Name	Current Position	Years in the Firm	Practicing Certificate No.

You may add more space for additional names

3. Has any Director / Partner / Secretary / Member of Senior Management of the firm been denied any registration or approval under any other Act, e.g. CMA Act, RBA Act, Accountants Act, or any relevant legislation? **Yes/No**. If 'yes', please provide details:

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4. Has any Director / Partner / Secretary / Member of Senior Management of the firm been subjected to any form of disciplinary action by any professional or regulatory body? **Yes/ No**. If 'yes', please provide details:

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5. If the firm is or will be engaged in the public practice of financial and investment analysis and any other related services defined in the Act and/or Regulations, please indicate the exact nature of the business of the firm:

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6. Is there any other relevant information? **Yes / No**. If 'yes', please provide details:

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Dated this …………………… day of ....20 …….

Signed:……………………….. By……………… …………........

Designation …………………………………………………….

Company Rubber Stamp ……………………………………………