

National Pension Commission

Plot 2774, Shehu Shagari Way Maitama District P M B 5170, Wuse Abuja

234 -9- 4133363, 6720091 www.pencom.gov.ng

Application for PFA Licence

Form APP/02/PFA

March 2024

APPLICATION FORM PENSION FUND ADMINISTRATOR LICENCE

1.0 Introduction

In completing the application form, please note the following:

- I. The requirements specified under the Pension Reform Act 2014, should be observed in preparing and filling this form.
- II. In addition to the information expressly requested in the attached document (Ref APP/01/PFA), any further material information necessary to make the application complete and not misleading should be furnished.
- III. Indicate "Not Applicable" where appropriate.
- IV. Any misleading information or omission of material fact will constitute grounds for rejection of application or withdrawal of approval already granted.
- V. Applicants should also note the provisions of Section 91 of the Pension Reform Act 2014, which provide stringent penalties for the submission of false or misleading information.

2.0 Applicant Details

NAME:	
(Exa	act name as in the certificate of incorporation)
ADDRES	S:
PROPOS	ED HEADOFFICE:

2.4	TELEPHONE NUMBER(S):				
2.4	E-MAIL:				
3.0	Shareholding				

3.1 Give names of individuals or institutions holding ordinary share capital of the applicant company:

S/N	Names & Addresses of	No of	Amount	%
	shareholders	shares	(N)	Held
	a) Nigerian			
	b) Foreign			

S/N	Names & Add Beneficial sha				ount ₹)	% Held	
	a) Nigerian				,		
	b) Foreign						
	tes of Applicant					Dow	ul
	tes of Applicant of Directors	Company an Name of Company	/	9 hold	ctors % ding n	Rem	narks
	Name of	Name of	/	9 hold	% ding n	Rem	narks
S/N	Name of	Name of	/	9 hold	% ding n	Rem	narks
S/N las the ny of appelled	Name of	Name of Company ny of its affilia been denied ship of any	ates, I	hold i Com Directration	ding n pany ctors/P on, su nt age	Promoto	ers o

Give the names of beneficial owners of Nominee shareholding of

3.2

4.0

5.0

)	Has the applicant or any of its affiliates operated under and carried on business under any name other than as shown in this application? If yes, please specify the name(s):
)	Is any depository holding any of the assets of the Company/Firm in 6.0 ? If yes, give details:
)	Has the applicant or its investors or directors or top management or any of its affiliates compromised debts or failed to honour legitimate obligations as and when due? If yes, please give details:
)	Has the applicant or its investors or directors or top management or any of its affiliates paid all taxes? YES / NO
.0	Has the applicant or the directors or top management or any of their affiliates been subject to any bankruptcy or winding up order/receivership arrangement? If yes, please give details:
0	Has the applicant or its investors or directors or top management or any of its affiliates ever been a manager or administrator of any fund which was mismanaged or has been in distress due to its/their fault, either fully or partially? If yes, please give details:

12.0	.0 Has the applicant or the directors or top management or a affiliates been involved in any litigation within ten years per this application, with regards to:						
	12.1	any registration or licence?					
	12.2	its conduct in the Financial Services Industry?					
	12.3	any offence relating to the code of conduct of the business of a Broker/Dealer, Investment Adviser, Bank or Insurance?					
	12.4	any Criminal Offence?					
	12.5	any Civil Liability?					
13.0		Where the answer to any of the items in 12 is yes, please give details:					
14.0	or an in Nig agen	the applicant or its investors or directors or top management y of its affiliates ever been or now subject to an investigation geria or elsewhere by or at the instance of any government cy, professional association or any regulatory authority? If please give details:					
		<u>AFFIDAVIT</u>					
I/We							
		Name(s) in full					
Resid	ling at						

Make oath and state as follows:

- I. That I/We am/are a Director/Officer of the applicant company;
- II. That I/We am/are duly authorised by the company to sign this application;
- III. I/We do hereby declare that, to the best of my/our knowledge and belief, all information contained and all other matters set forth in the attached as well as supporting attachments are correct and conscientiously believe same to be true by virtue of the provisions of the Oaths Act of 1963.

IV.				appropriate n Commissi	application on.	fees	as
		 DE	PON	ENT(S)	• • • •		
swo	RN at the .	 court th	nis	Day	of	.20	
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COMMISSIONER FOR OATHS