BANK OF UGANDA

Office of The Director Non-Bank Financial Institutions, Department



37/43 KAMPALA ROAD, P. O. BOX 7120, KAMPALA. Tel: 258441

Direct Line: 256 41 258739

Fax: 256 41 258739 Cables: UGABANK Web site: www.bou.or.ug

APPLICATION FOR RENEWAL OF AUTHORISED FOREX BUREAUX LICENCE

To be filled by the company applying for Renewal of Licence and submitted in sealed envelope to the Director, Non-Banking Financial Institutions Department, Bank of Uganda.

1.		L NAME OF APPLICANT (BLOCK CAPITALS)		
2.		TAL ADDRESS OF APPLICANT (BLOCK CAPITAL)		
	•••••			
	E-M	AIL		
	FAX			
3.		FULL NAME (S) AND ADDRESS OF APPLICANT'S BANKERS (BLOCK (CAPITAL)		
	•••••			
4.	LOC	LOCATION OF APPLICANT		
	a)	DISTRICTb) CITY/TOWN		
	c)	PLOT NO.		
	d)	STREET		
	e)	OTHER INFORMATION ON LOCATION (IF ANY)		

5.	CURRENT LICENCE NO:		
3.	CURRENT LINCENCE EXPIRY DATE:		
4.	PERIOD BEING APPLIED FOR: FROMTO:		
5.	CERTIFICATE OF REGISTRATION NO		
6.		L NAME (S) AND ADDRESS (ES) OF DIRECTOR (S)/PARTNERS/ PRIETOR	
7.	DECLARATIONS		
	(a)	1, the undersigned, hereby declare that the above statements are true and also agree to operate the Forex Bureau/ Money Remittances Services in accordance with the Foreign Exchange Act 2004, and any other written law governing the operation of Forex Bureau/ Money Transfer Services in Uganda.	
	(b)	I further declare that I am not an undischarged bankrupt person and I have never been convicted for fraud or embezzlement.	
	SignatureDate		
	Full Name		
	Designation		
	Particulars of witness:		
	Name	e	
	Postal Address		
	Telephone		
	E-mail		
	Witness's Signature		

Note: All information provided on this form will be treated as confidential and will only be used for the processing of this application.