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
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APPLICATION FOR RENEWAL OF AUTHORISED MONEY REMITTANCES 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. FULL NAME OF APPLICANT (BLOCK CAPITALS).....

   .....

2. POSTAL ADDRESS OF APPLICANT (BLOCK CAPITAL).....

   .....

   E-MAIL ……

   FAX ……

3. FULL NAME (S) AND ADDRESS OF APPLICANT'S BANKERS (BLOCK (CAPITAL)

   .....

4. LOCATION OF APPLICANT

   a) DISTRICT.....b) 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: FROM……..TO:……..

5. CERTIFICATE OF REGISTRATION NO.....

6. FULL NAME (S) AND ADDRESS (ES) OF DIRECTOR (S)/PARTNERS/ PROPRIETOR

.....

.....

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.

Signature.....Date.....

Full Name.....

Designation.....

Particulars of witness:

Name …….....

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.