

FIRST SCHEDULE
(Regulation 5)



BANK OF TANZANIA
APPLICATION FOR BUREAUX DE CHANGE
LICENCE

(To be filled by the Person applying for a Bureau de Change Licence. The application should be submitted to the Governor of the Bank of Tanzania in a sealed envelop)

PLEASE USE BLOCK (CAPITAL) LETTERS

- 1. FULL NAME OF APPLICANT
- 2. POSTAL ADDRESS OF APPLICANT
.....
- 3. FULL NAME(S) AND ADDRESS(ES) AND NUMBER OF BANKER(S)
.....
.....
.....
- 4. LOCATION OF PROPOSED BUREAU DE CHANGE
 - (a) DISTRICT (b)
 - (c) PLOT NO. & STREET
 - (d) OTHER INFORMATION ON LOCATION (If any)
.....
- 5. BUSINESS LICENSE NUMBER

6. **FULL NAMES, SPECIMEN SIGNATURES, AND ADDRESSES OF DIRECTORS**

<u>NAME</u>	<u>SPECIMEN SIGNATURES</u>	<u>ADDRESS</u>
I
II
III

7. **DECLARATIONS**

- a. I/We the undersigned, hereby declare that the statements are true, correct and also agree to operate the Bureau de Change in accordance with the Foreign Exchange (Bureaux de Change) Regulations, 1999 made under the Foreign Exchange Act, 1992 together with any direction made by the Governor under the Regulations.
- b. I/We further declare that I am/we are not undischarged bankrupt and that I/We have never been convicted of fraud or embezzlement.
- c. I/We further declare that I/We the undersigned, that on being granted a Licence on the basis of the above statements, if in future all or part of the same is subsequently found to be materially false, the Licence so issued shall be subject to revocation.

Signature

Signature

Signature

Made before me this day of 200.....

NOTARY PUBLIC

- Note:
- 1. Please attach copies of
 - a. Business License
 - b. Certified photographs (passport size) of all directors, owners and would be staff
 - c. Certification of financial position from your Banker
 - 2. All information provided in this form will be treated as confidential and will be for the processing of this application