

APPLICATION FOR RE-LICENSING OF A BUREAU DE CHANGE

1. Particulars of the Bureau de Change (use Capital Letters)

- (a) Name of the Bureau de Change:
- (b) Location/Address.....
- (c) Certificate of Incorporation: Number..... Dated.....
- (d) Class of Bureau de Change:
- (e) Number of Branches.....
- (f) Capital Level: TZS.....
- (g) Tax Identification Number (TIN)
- (h) Tax Payment Status.....
- (i) Telephone Number
- (j) E-mail Address

2. Particulars of the Shareholders

S/N	Name	Nationality	Telephone Numbers & Email	Occupation	% of Shareholding in the Bureau de Change
1.					
2.					
3.					
4.					

3. Particulars of Directors and Heads of Branches in Order of Seniority

S/N	Name	Nationality	Designation	Educational Qualification
1.				
2.				
3.				
4.				

4. Declaration (by Shareholders)

I/We, the undersigned, hereby declare:

- (a) THAT the particulars set out herein are true and correct to the best of my knowledge and belief;
- (b) THAT I am/we are not undischarged bankrupt and that I/we have never been convicted of fraud or dishonesty;
- (c) THAT if re-licensed, I/we shall transact foreign exchange business in accordance with the provisions of the Foreign Exchange Act, Cap. 271 and of any regulations, guidelines or directives as may be issued by the Bank of Tanzania from time to time.

Date.....

Name Signature

Name Signature

Name Signature

Name Signature

Name Signature

Before Me:

Name:.....

Signature:.....

Qualification.....

Date:.....

Address:.....

Notary Public/Commissioner For Oaths

FIT AND PROPER PERSON FORM

(To Be Completed by Shareholders, Directors and Heads of Branches of a Bureau De Change)

1. Personal Information

- (a) Full Name (Mr. /Mrs. / Ms.)
- (b) Previous Name(s) (if any) by which you have been known
- (c) Year and Place of Birth
- (d) Nationality
- (e) ID / Passport Number, Date and Place of issue
- (f) Postal Address
- (g) Physical Residential Address
- (h) Telephone Number
- (i) E-mail Address
- (j) Educational Qualification
- (k) Professional Qualification

2. Employment/Business Records

Period	Name of Employer/Business and address	Positions held and dates	Responsibilities	Reasons for leaving (where applicable)

3. **Shareholding in Other Companies** (Directly Owned or Through Nominees)

Company Name	Number of Incorporation	% of Shareholding

4. **Sources of Funds**

Please provide details of the actual source(s) of funds that you, as shareholder, have invested or used in the bureau de change business with supporting documents:

(a)

(b)

(c)

5. **Tax Clearance Certificate**

Submit a Tanzania Revenue Authority Tax Clearance Certificate or declare your tax payment status for the last three years of your current business.

6. **Other Information**

(a) Have you or any entity with which you are associated as shareholder or director held or applied for a licence to carry on the business of Bureau de Change business?

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(b) Have you at any time been convicted of any criminal offence in any jurisdiction? If so, give particulars of the court by which you were convicted, the offence, the penalty imposed and the date of conviction.

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(c) Have you ever been dismissed from any office or employment, been subject of disciplinary proceedings by your employer or barred from entry into any profession or occupation? If so, give particulars.

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(d) Have you ever been declared bankrupt by a court or has a bankrupt petition ever been served on you? If so, give the status.

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(e) Have you ever been held liable by a court, for any fraud or other misconduct? If so, give particulars.

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(f) Is there any additional information which you consider relevant for the consideration of your application for Bureau de Change licence?

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NOTE: *The information given in response to this questionnaire shall be kept confidential by the Bank, except in cases provided by law.*

7. Declaration

- (a) I am aware that it is an offence to knowingly or recklessly provide any information which is false or misleading in connection with an application for Bureau de Change licence.
- (b) I certify that the information given above is true to the best of my knowledge and that there are no other facts relevant to this application of which the Bank should be aware.
- (c) I undertake to inform the Bank of any changes material to the application which arise while the application is under consideration.

Name:

Date:

Before Me:

Name:.....

Signature:.....

Qualification.....

Date:.....

Address:.....

Notary Public/Commissioner for Oaths

PREMISES APTNESS CHECKLIST

Name of Bureau de Change/Branch

S/N	REQUIREMENTS	YES	NO	REMARKS/DESCRIPTION <i>(such as Names; Specifications; Model; Quantity; etc)</i>
1.	Is the bureau easily accessible? If yes describe the location with its physical address.			
2.	Are there any partitions between Front/Back Office/Teller Cubicles/ Customer Lounge etc.?			
3.	What is the floor area covered by each partition (in Squire Meters)?			
4.	How many Teller Cubicles are there?			
5.	Are there any auxiliary services such as toilets and kitchenette?			
6.	Are the following tools available?			
	(i) Computer;			
	(ii) Printer;			
	(iii) Photocopier machine/ Scanner;			
	(iv) Counterfeit Detector;			

	(v) EFD Machine			
	(vi) Software/program for generating electronic receipts with a database to store information on FX transactions? If yes, indicate the vendor.			
	(vii) Software/program for generating electronic receipts with a database to store information on incoming and outgoing MR transactions? if yes indicate the platform.			
7.	Are there any back-up arrangement?			
8.	Are there any communication arrangements? [<i>provide telephone and e-mail address(s)</i>]			
9.	Is there a notice informing customers that they are entitled to a receipt for every transactions?			
10.	Is there a Safe Deposit Box?			
11.	Are the fire extinguishers available at appropriate places?			
12.	Are there physical security arrangements in place?			

13.	Is there a Register for Fixed Assets?			
14.	Are the CCTV cameras installed at sensitive areas? How many cameras are installed and where?			
15.	Are the CCTV Cameras in digital and in color mode?			
16.	Is the CCTV System capable of day and night recording?			

Declaration (by Directors)

I/We, the undersigned, hereby declare THAT the particulars set out herein are true and correct to the best of my knowledge and belief;

Name Signature

Name Signature

Name Signature

Name Signature

Name Signature

Date.....