# NON-BANK FINANCIAL INSTITUTIONS REGULATORY AUTHORITY (NBFIRA)

# PENSIONS PRUDENTIAL RULES

In terms of Section 50 of the NBFIRA Act – Section 43 on Licensing

# PFA3

New Licence Application - Pension Fund Custodian

1. General Information								
Custodian								
1.1. Name of custodian <sup>1</sup> :	1.1. Name of custodian <sup>1</sup> :							
1.2. Previous Name(s):								
1.3. Certificate of Incorporation N	Jumber:							
1.4. Date of incorporation:								
1.5. Country of incorporation:								
1.6. Income Tax P.I.N. Number:								
1.7. Income Tax Reference Number	er							
1.8. The custodian is registered un	nder the Banking and Financial Services Act (BSFA)							
Yes	No							
[If YES, attached copy of Cocertificate of registration]	ertificate of Registration and disclose conditions attached to							
Registered Office								
1.9. Provide details of the custodia	an's registered office:							
Building								
Road								
Town/City								
Country								
Postal Addres	s							
Telephone								
Fax								
Email								
Head Office								
1.10. If different to Registered Offi	ice, provide details of the custodian's registered office:							

Building.... Road.... Country.....

<sup>&</sup>lt;sup>1</sup> The investment of the assets owned by a pension fund is distinct from the administration of a pension fund. If a single institution performs both administration and asset management, the institution will be required to register as both an administrator and as an asset manager.

	Postal Address:
	Telephone
	Fax
	Email
Relianc	e on Other Parties
1.11.	Provide the name of the persons who assisted in compiling this application (if applicable).
	Name
	Name
	Name
	[Please provide the contact details of these persons in Appendix A]
Contact	Details
1.12.	Provide details of the contact person(s) for further enquiries regarding this application
	Name
	Qualification/ role
	Postal Address
	Telephone
	Fax
	Email

Ke.	y Perso	ons							
	2.1.	The direc	tors and se	enior mar	agers hav	e been app	oointed		
			Yes		No				
	a	ttach wit	h applicati	on. Plea	se note th	at the Reg	ulatory Au	thority may	enior manager and decline or postpon been appointed.]
	2.2. \$	State the	name of th	e chairpe	erson				
	2.3. \$	State the	name of th	e chief e	 xecutive o	officer			
	[0	Complete	Appendix	B and A	Appendix l	D1			
		_	wing office				d:		
		Auditor			Yes		No		
		Other?			Yes		No	*	
		If YES, c pplicatio		ppendix	C and App	pendix E f	for each ser	vice provide	er and attach with
3.	Own	ership aı	nd Contro	1					
Gr	oup St	ructure							
			structural c ctive perce			_	es to which	the custodia	an belongs. Include
		Attach an departme	_	onal cha	rt of the co	ustodian. I	nclude the f	functions of	the various
			y of these fund cust					working for	a pension or
1	Coni	tal Dagu	irements						
4.	_	-		liaa vyith	tha minin	yym aamita	1	unto oot by th	a Dagulatam
		Authority		nes with	the minin	шт сарна	i requireme	ents set by th	e Regulatory
			Yes		No				
	Γ'	The relev	ant details	are pro	vided in th	ie attached	d business i	olan (see Ap	pendix H)]

2. Governance

## 5. Size and Type of Business

5.1.	Please disclose the proposed total value of the assets to be held by yourselves in custody for
	clients:
	P
	(Amount in words)
5.2.	Please disclose the current total number of pension or provident funds who have placed
	these assets under your custodianship or who have indicated that they will place assets under
	your custodianship provided your application to be registered as a custodian is successful:
	Number of single-employer funds:
	Number of multi-employer funds:

# Systems, Controls and Reporting

	•		0	
5.3.				the administration system, controls and reporting capabilities of the proper functioning of the custodian.
5.4.	Are your	auditors sa	tisfied as t	to your systems and controls?
		Yes		No
	[Attach	declaration	n from the	e auditors on systems and controls]
		please detain address th		nes identified by the auditors and the action that management has s:
	Issues i	dentified:		
5.5.	Action to	aken to add	ress the is	ssues:
	•••••			
<b>.</b>				
ū		emnity cove		emnity cover to an amount equal to at least the expected total
3.0.		der adminis		commity cover to an amount equal to at reast the expected total
		Yes		No
[Ple	ase attacl	a copy of	the policy	·]
5.7.	-			nnity cover to a lesser amount, please explain why you believe and whose advice you sought in determining this lesser amount
	(a)	Amount	of cover h	held: P
	(b)	Reason f	for holding	g cover of less than the total assets administered:
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	(c)	Person /	company	whose a	dvice was	sought on	the amou	nt of cover	···	
		[A copy	of this re	port musi	t be attack	ned]				
Power of At	torney	to Act on	Behalf o	f the Fu	nds that a	re Manag	red			
	•	ld a powe ne Fund?	r of attori	ney from	each fund	that you r	manage per	rmitting yo	ou to deal	in the
		Yes		No						

#### 6. Declaration and Payment

I hereby enclose -

- a. Appendix A: Contact details of assisting parties
- b. Appendix B: Particulars of the directors and senior managers
- c. Appendix C: Questionnaire for directors and senior mangers
- d. Appendix D: Particulars of service providers
- e. Appendix E: Questionnaires for service providers
- f. Appendix F: Particulars of the shareholders
- g. Appendix G: Risk Management Plan
- h. Appendix H: Business plan (if applicable)
- i. Appendix I: Questionnaire for trustees
- j. Copy of the Certificate of Incorporation under the Companies Act
- k. Articles of Association
- 1. Annual returns submitted to Patents and Company Registration Office
- m. Structural chart of the company group
- n. Organisational chart of the company
- o. Sample contract and service level agreement to be used in respect of a client fund
- p. Copy of the professional indemnity insurance policy
- q. Copy of report by an insurance professional advising on the amount of professional indemnity cover to be held
- r. Overview of administration system, controls and reporting capabilities of the custodian
- s. Declaration from the Auditors that the systems and controls have been investigated and have been found to be appropriate for a custodian (or a qualified declaration that identifies the issues that the custodian must address).

I hereby declare that the Non-Bank Financial Institutions Regulatory Authority Act (2006) has been complied with and the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated here in or in the said documents will be promptly communicated to the Regulatory Authority within a period not later than thirty days from the date of the alteration.

Signed on this		day of
Signature of A		
Full Name:		
Designation:		
I hereby submi	t payme	nt in respect of application for registration of a pension fund custodian.
Amount paid	:	P
Cheque No.	:	
Date Paid	:	
Paid By:		(Full Names)
Signature	:	
Designation		

OFFICIAL DATE STAMP

#### **APPENDIX A: Reliance on Other Parties**

A.1.	[To be completed by every partly assisting with the application]
	Name
	Qualification/ role
	Physical Address:
	Building
	Road
	Town
	Country
	Postal Address.
	Telephone:
	Fax

## **APPENDIX B: Particulars of Key Person**

Name of Custodian:

Director or senior manager (Full Name)	Nationality	Permanent Address	Occupation	Date of Appointment	Role	Qualifications/ Experience as custodian	Number of shares held

Note: "Senior manager" comprises the Chief Executive Officer, Chief Operating Officer and Chief Information Officer

#### **APPENDIX C: Particulars of Service Providers**

Name of Custodian:

	Name of firm	Income Tax Number	Address	Telephone, or E-mail	Professional body to which Partner/company are members	Date of appointment
Auditor						
Bankers						
Legal advisors						

# Appendix D: Questionnaire for Directors and Senior Managers

D1.	. Contact details										
	Name:										
	Primary residential ad-	Primary residential address:									
	Postal address:										
	Email address:										
	Telephone number:										
	Mobile number:										
	Occupation:										
D2.	In what capacity are you bein	g appointed?									
	Director										
	Chief Executive Office	cer									
-	Chief Operating Office	cer									
	Chief Information Of	Chief Information Officer									
D3.	Qualifications and membership	p of professional bodies:									
	Qualification or membership of a professional body	Institution granting the qualification or professional body	Date granted								
			1								

# [Please note that evidence of professional and academic qualifications must be enclosed with the questionnaire]

D4. Prior experience in this or a similar role:

Period	Name of company	Nature of experience gained that you believe is relevant to your appointment at the Custodian

[Please note that a brief curriculum vitae should be enclosed with the questionnaire]

D5.		previous ap been termi						fund
		Yes		No				
	If YES pl	lease give	details:	! •				
	_					 		
						 	,	
D6.		ever beer imprisonr ment?						
	If YES, pl	Yes lease give	details:	No				
				 ,		 		
D7	Have you	ever beer	declared	l hankmını	<b>+</b> 9			
Ο1.	Trave you	Yes	declared	No				
		res		NO				
	If YES, pl	lease give	details:			 		

D8. Have you ever previously been a trustee of a pension or provident fund, or have you ever been involved in the investment of assets for a pension or provident fund or the provision of custodianship to a pension or provident fund, or the administration of a pension or provident

	fund, where the pension or provident fund has had to be deregistered as a result of any failure on the part of the trustees or the persons investing the assets of the fund, holding the assets in custody, or administering the fund, or where the Regulatory Authority has appointed a curator?
	Yes No
]	If so, please give details:
D9.	Are you disqualified from holding office as a director or senior manager by any law?
	Yes No
]	If YES, please give details:
D10.	Are you, or have you been in the past 2 years, an employee or director of the sponsor of the custodian?
	Yes No
	If YES, please give details:
D11.	Do you own shares in the sponsor of the fund or the custodian, or have any actual or perceived business relationship with the custodian, other than your appointment as a director or senior manager?
	Yes No
	If YES, please give details:

D12.	If you are app	pointed as an ir	ndependent director of the custodian:-
	a.	the sponsor <sup>2</sup> a	ion of your annual income is derived from services supplied to and companies associated with the sponsor, with the exception of received as an independent director of the custodian?
	b.	List any other	r companies or trusts sponsored by the custodian on which you
		serve as a dire	ector:
	action taken a	igainst you. Ple	complaints against you which caused you to have disciplinary ease also complete this statement if you were such a member and
	Name of the professiona	elsewhere) <sup>3</sup> .	Date, nature of the complaint against you, and nature of the disciplinary action taken against you
	Botswana or o	elsewhere) <sup>3</sup> .	Date, nature of the complaint against you, and nature of the
	Botswana or o	elsewhere) <sup>3</sup> .	Date, nature of the complaint against you, and nature of the
	Botswana or o	elsewhere) <sup>3</sup> .	Date, nature of the complaint against you, and nature of the
	Botswana or o	elsewhere) <sup>3</sup> .	Date, nature of the complaint against you, and nature of the
	Name of the professional that the above	elsewhere) <sup>3</sup> .  e l body	Date, nature of the complaint against you, and nature of the
am not p	Name of the professional that the above physically or m	elsewhere) <sup>3</sup> .  e l body  information is nentally incapa	Date, nature of the complaint against you, and nature of the disciplinary action taken against you  s, to the best of my knowledge, correct and complete and that I ble of performing the duties expected of me
am not p	Name of the professiona that the above ohysically or m	elsewhere) <sup>3</sup> .  e l body  information is nentally incapa	Date, nature of the complaint against you, and nature of the disciplinary action taken against you  s, to the best of my knowledge, correct and complete and that I ble of performing the duties expected of me
am not p	Name of the professiona  that the above ohysically or m	elsewhere) <sup>3</sup> .  e   il body	Date, nature of the complaint against you, and nature of the disciplinary action taken against you  s, to the best of my knowledge, correct and complete and that I ble of performing the duties expected of me
am not p	Name of the professiona that the above ohysically or m	elsewhere) <sup>3</sup> .  e   il body	Date, nature of the complaint against you, and nature of the disciplinary action taken against you  s, to the best of my knowledge, correct and complete and that I ble of performing the duties expected of me
am not p	Name of the professiona  that the above ohysically or m	elsewhere) <sup>3</sup> .  e   il body	Date, nature of the complaint against you, and nature of the disciplinary action taken against you  s, to the best of my knowledge, correct and complete and that I ble of performing the duties expected of me

<sup>&</sup>lt;sup>2</sup> Note: The term "sponsor" used in this form relates to the organisation which controls the custodian or any company associated with it.
<sup>3</sup> Please note that the term "disciplinary action" will include a reprimand and must be stated even if you took remedial steps which avoided more serious disciplinary action.

# **APPENDIX E: Questionnaire for Service Providers**

## [AUDITOR]

E1.	Contact deta	nils
	В	usiness name:
	Pl	hysical address of business:
	Po	ostal address of business:
	 Fi	mail address:
		man address.
	т.	alambana mumban
	10	elephone number:
E2.	Service to b	e offered to the custodian:
	Aı	aditor
	Ba	nkers
	Le	gal advisors
E3.	Individual w	who will take responsibility for service delivery to the custodian:

Qualification of membership of professional be	f a qualification o		nted
[Please note that e with the questionn		d academic qualifications n	nust be enclosed
Has this individua	al ever been barred from ent	ry to any profession or occu	pation?
Yes	No		
If YES, please g	ive details:		
	ive details:	es of this individual:	
		es of this individual:  Professional Body	Conditions on the certificate
Practising certific	ates from professional bodic		
Practising certific	ates from professional bodic		
Practising certific	ates from professional bodic		
Practising certific	ates from professional bodic		

E7.	Has the application	for a practising certificate ever been d	eclined for this individual?				
	Yes	No					
	If YES, please give	e details:					
E8.	Has this individual employer?	ever been dismissed or the subject of o	lisciplinary proceeding by an				
	Yes	No					
	If YES, please give	e details:					
E9.	Prior experience of t	the individual in offering this sort of s	ervice to custodians:				
<b>L</b> ).	<b>Period</b>	Name of the custodian	Nature of service provided				
	renou	Ivallie of the custodian	Nature of service provided				
E10.	Have you a contract standards laid down	and service level agreement with the in the rules <sup>4</sup> ?	custodian which complies with the				
	Yes	No					
E11.	Names of your direct	Names of your directors (if a company) or your partners (if a partnership):					
	Name	Primary residential address	Occupation				
		ompany or partnership, any of your dir					

<sup>&</sup>lt;sup>4</sup> Please note that the NBFIRA may request sight of the contract and service level agreement.

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	payment of a fine as an alternative to such imprisonment?
Yes	No
If YES, please give det	ails:

E13.	Have you or, if a compa declared bankrupt?	ny or partnership, any of your directors or partners, ever been
	Yes	No
	If YES, please give det	tails:
E14.	been a trustee of a pensi investment of assets for for a pension or provident the pension or provident of the trustees or the per	on or provident fund, or have you ever been involved in the a pension or provident fund, or the holding of such assets in custody nt fund, or the administration of a pension or provident fund, where t fund has had to be deregistered as a result of any failure on the part resons investing the assets of the fund or administering the fund, or uthority has appointed a curator?
	Yes	No
	If YES, please give det	tails:
E15.	body and give details of action taken against you	a professional body which has a disciplinary code, please identify the any complaints against you which caused you to have disciplinary? Please also complete this statement if you were such a member and aken against you but you are no longer a member of that body (in
	Name of the professional body	Date, nature of the complaint against you, and nature of the disciplinary action taken against you
		<b>&gt;</b>
E16.		y or partnership, any of your directors or partners, disqualified from ee, manager, custodian or administrator by any law?
	Yes	No
	If YES, please give det	tails:

<sup>&</sup>lt;sup>5</sup> Please note that the term "disciplinary action" will include a reprimand and must be stated even if you took remedial steps which avoided more serious disciplinary action.

E17.	Do you have any actual or potential conflicts of interest which might interfere in the exercise of your duties towards the custodian? (Such conflicts might be a business association, cross shareholding or common holding company with the custodian, or any organisation that provides services to the fund manager.)
	Yes No
	If so, please give details:
E18.	Have you disclosed these potential or actual conflicts of interest to the custodian <sup>6</sup> ?  Yes  No
I certify	that the above information is, to the best of my knowledge, correct and complete.
Signed:	
	Name in block letters

<sup>&</sup>lt;sup>6</sup> Please note that the presence of an actual or potential conflict of interest is not a bar to appointment as a service provider to the administrator. It is important that these conflicts be managed through proper disclosure to the administrator, the regulator and other stakeholders.

Appendix F: Particulars of Shareholders	
Name of Custodian:	

Full Name of Natural Person or Company	Country of permanent residence (individual) or domicile (company)	Address,	Telephone, and E-mail	Shareholding as a percentage of the total shares in issue

#### **APPENDIX G: Risk Management Plan**

Provide a Risk Management Plan including at least the following information.

- G.1 An outline the major risks to the Custodian, the likelihood and the potential consequences of these risks, including:
  - a. Operational risk (systems failure, outsourcing and fraud and theft)
- G.2 A brief description of the measures and procedures in place to identify, monitor and manage the following:
  - a. Governance and decision making
  - b. Financial position and solvency
  - c. Operational risk (systems failure, outsourcing and fraud and theft)
- G.3 A brief description of the measures and procedures in place to mitigate the following risks:
  - a. Operational risk
- G.4 A description of the internal controls and risk control measures that will be implemented to ensure the proper functioning of the custodian.
- G.5 A description of the use of internal reporting and audit mechanisms to manage the risk of the custodian.

#### **APPENDIX H: Business Plan**

- H.1 The business plan should state the main objective of the custodian
- H.2 The Plan should be able to demonstrate that the custodian will maintain reasonable capital to back their operation.
- H.3 The Business Plan should show the initial set up costs (if a new operation) and then for each of the next 3 years
  - a. Initial capital (at least 6 months' gross fee income)
  - b. Assumptions used
  - c. Initial start up costs
  - d. Projected business acquired(or business already acquired):
    - In terms of numbers of pension or provident funds expected to contract with the custodian and the total expected assets in respect of those funds
    - Other business from other asset owners, individuals, companies, trusts etc.
  - e. Basis for determining and projected management fees
  - f. Projected revenue accounts
  - g. Projected profit and loss accounts
  - h. Projected cashflow statements
  - i. Projected balance sheets
- H.4 Provide the following information relating to share capital

#### **Authorised capital**

Type of Shares	Local/ foreign	Number of shares	Nominal value (P)	Total amount (P)
Total				

# Paid up capital

Type of Shares	Local/ foreign	Number of shareholders	Number of shares	Nominal value (P)	Total amount (P)	% of total
Total					V /	