***FORM 6***

*Regulation 12(1)*

THE REPUBLIC OF UGANDA

THE ELECTRONIC SIGNATURES REGULATIONS, 2013

**APPLICATION FOR RENEWAL OF LICENCE**

1. Particulars of applicant

(a) Name of applicant………………………………………………………………………….

(b) Physical address……………………………………………………………………………

(c) Licence No: ………………………………………………………………………………..

(d) Expiry date of licence: …………………………………………………………………….

2. Please complete the following—(Answer “Yes” or “No” in space provided. If “Yes” attach annexure giving all relevant particulars.)

1. Since the last application—

(i) Has there been a change in the shareholders of the applicant? ……………………………………………………………………………………….........

(ii) Has there been a change in the applicant’s directors, secretary, senior management personnel or compliance auditor? …………………………………………………………

(iii) Has the applicant or any of its directors or its secretary been convicted of any felony or an offence involving fraud, false statement or deception? If “Yes’: using an annexure, give full details, including whether judgment is unsatisfied.) ……………………………………...................................................................................... ……………………………………………………………………………………………..

(iv) Has the applicant undertaken to conduct any material new business activity under the Act other than what is stated in the current licence? If so, state the nature of the activity ………………………………………………………………………………….. ……..............................................………………………..................................................

(b) Please furnish details of any other event which has occurred which is likely to have a significant effect on the applicant’s business during the currency of the licence if granted (including any legal claim against the applicant.)

3. Attach a certification service statement and a report of an auditor certifying compliance of applicant with Act and Regulations.

4. I/We\* declare that all information given in this application and in the attached annexure (if any) is true and correct.

Date: …………………………

Signature ……………………………………

*(Name of Applicant’s Director/Secretary\*)*

\*Delete whichever is inapplicable.