



The Registrar of Pensions and Insurance
P.O. Box 30X
Ridgeway
Lusaka
Tel: 250394/255505
Fax: 255503/255504

REGISTRATION OF FUND MANAGERS OF PENSION SCHEMES

Basic Details of Pension Scheme/Fund Managers to be Registered

1. Full name of applicant (Fund Manager)
(a)

Previous name(s)

(b)

2. Current postal address of Pension Scheme/Fund Managers.....
.....
.....

Telephone No.:..... Facsimile No.:.....

3. Physical address of the place where the pension Scheme/Fund
Manager are to be located
.....
.....

4. Registered office address:.....
.....
.....

5. Benefit type – tick appropriate box

- Money purchase
- Defined benefits
- Pension on retirement
- Death in service benefit
- Lump sum by commutation
- Combination of benefits specified above

6. Date pension/fund managers became registered

7. Please disclose the current total amount of pension scheme/funds under your management

K.....

(Amount in words).....

8. Please disclose the current total amount of pension/funds under your portfolio of management to which the above amount relates.

9. Current total number of membership split as follows:

Actives.....

Pensioners.....

Deferreds.....

10. Please disclose current monthly average total amount of contributions by all participating pension schemes/funds

11. State number of new client accounts gained over the immediate preceding year

12. Indicate the total amount of funds gained as a result of these new client accounts

K.....

(Amount in words)

13. State number of client accounts lost during the immediate preceding year.....

14. Indicate the total amount of funds lost as a result of the loss of these accounts.

K.....

(Amount in words).....

Asset Allocation

15. Do you operate only collective vehicles (i.e. Managed Funds)-where the investments of many different pension schemes can be co-mingled.

Yes No

16. Do you operate only Segregated Funds e.g. to large pension funds.

Yes No

17. Do you operate both Managed Funds and Segregated Funds type of investment

Yes No

18. Please indicate the current percentage holding of the pension scheme/funds investments in any of the following asset categories:

Asset Type	Percentage Holding
- Zambian Government Treasury Bills	<input style="width: 100%; height: 20px;" type="text"/>
- Zambian Government Bonds	<input style="width: 100%; height: 20px;" type="text"/>
- Zambian Equities	<input style="width: 100%; height: 20px;" type="text"/>
- Property	<input style="width: 100%; height: 20px;" type="text"/>
- Cash	<input style="width: 100%; height: 20px;" type="text"/>
- Overseas Investment	<input style="width: 100%; height: 20px;" type="text"/>
- Other Investments (Specify)	<input style="width: 100%; height: 20px;" type="text"/>

Pension Scheme/Fund Managers Documentation

19. Certified copy of Certificate of Incorporation (attach)

Yes No

Date obtained.....

20. Reinsurance details

Are the pension scheme/funds secured by a contract of reinsurance?-tick appropriate box

Yes No

21. Name of Re-insurer

.....

22. Address of Re-Insurer

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.....

23. Re-Insurance Company Reference/Policy number

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About the Scheme/Fund Managers

24. What is the ownership of the investment organisation (Give brief details)

Names of all Shareholders and their contact address.

Name:.....

Address:.....

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Name:.....

Address:.....

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Name:.....

Address:.....

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Name:.....

Address:.....

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Name:.....

Address:.....

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Name:.....

Address.....

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25. Names of all Directors and their contact address.

Name.....

Address.....

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Name:.....

Address:.....

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Name:.....

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About Scheme/Fund Manager's Actuarv

26. Name of Scheme/Fund Manager's Actuary.....

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Address:.....

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Telephone No.:..... Facsimile:.....

27. Attach latest Actuarial Valuation Report (NB> Initially not applicable to newly established pension funds or pension fund managers)

28. Name of Scheme/Fund Manager's Auditor

Address.....

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Telephone No..... Facsimile No.....

29. Attach latest Audited Annual Accounts (NB. Not initially applicable to newly established pension funds or pension fund managers)

About the Scheme/Fund

30. Give a brief history and a full description of the qualifications and experience of senior management staff assisting the final manager manage a pension scheme/funds portfolio, including full contact address (Please attach)

31. How stable is the senior management staff of the investment Managers

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32. How many Senior Management staff are there currently in the team

33. How many Senior Management staff joined the management team during the year immediately preceding

34. How many Senior Management staff left the management team during the year immediately preceding

35. Certified up-to-date extract from the register of companies (please attach)

36. Total amount of Application Fee (enclosed).....

37. Cheque No:.....

I/We hereby apply for registration as Fund Managers of.....
.....Pension Scheme

Declaration:

I/We declare that to the best of my/our knowledge and belief that the information given in this application is correct and complete

Signed (by or on behalf of administrator)

Name.....

Capacity in which signed.....

Date.....

Address.....

NOTES

- 1. This form is to be completed by persons applying to be Fund Managers for the very first time.
- 2. Please make sure the registration form is completed correctly. If in doubt, please contact the Registrar’s Office for guidance and help before completion of this form.
- 3. If there is not enough room on this page for the entries please continue on separate sheet.
- 4. If any of the information required on the form is not available at the time of registration you should inform the Registrar of the reason why it cannot be provided. But you should supply as much information as is practicable on initial submission of the registration application form and pay the full registration fee.
- 5. Please give the name, address and telephone number of the person(s) to whom any enquiries about this form should be sent this should be a scheme trustee or person authorised to act on behalf of the trustees.

Name.....

Address.....

Telephone No:.....

Facsimile No:.....

- 6. Please send the form and the cheque for the total amount of the registration fee to the address shown at the bottom of this page.

The crossed cheque should be endorsed either “A/C Payee” “not negotiable” and made payable to “PENSIONS AND INSURANCE AUTHORITY”. (Please PRINT in CAPITAL LETTERS)

- 7. If you require confirmation that your scheme details have been recorded on the Register, please enclose a stamped self addressed envelope.

8. Please send this form to: The Registrar of Pensions and Insurance
P/Bag 30X
Ridgeway
Lusaka
Telephone: 228990/228991

PRESCRIBED FEES

	Fee Units
1. Establishment of Pension Scheme	3 fee units per scheme member at a minimum of 5,556 fee units
2. Management of Pension Scheme	8,333