BANKIGA DHEXE EE SOOMAALIYA

البنك المركزي الصومالي

CENTRAL BANK OF SOMALIA

Licensing and Supervision Department

Qaybta Shati-siinta iyo Kormeerka

APPLICATION FORM FOR BANK LICENSE

1. Type of Bank License
   - Local Commercial Bank ☐
   - Branch of Foreign Bank ☐

2. Name of the Bank. …….....

3. Physical Address of Head Office: ……..…….....

   Primary Telephone No:..... Secondary Telephone No:.....

   Fax No:.....

   E-mail Address…….....

   Website: .....

4. Names of branch offices, locations and years established (include purposed new branches).

1) ……
2) ……
3) ……
4) ……
5) ……
6) ……
7) ……
8) ……
9) ……
10) ……
11) ……
12) ……
13) ……
14) ……
15) ……
16) ……
17) ……
18) ……
19) ……
20) ……
21) ……

22) …….....

23) …….....

24) …….....

25) …….....

26) …….....

27) . …….....

28) …….....

29) …….....

30) …….....

List all Shareholders

Name of Shareholder	Nationality	Shareholding Information			Date of Purchase
		No, of shares	Par Value	Percentage	

Particulars of Management:

a) Board of Directors

Name of the Directors	Nationality	Academic Qualification & Experience	Date of Appointment

b) Senior Bank Officers

Name of the Officer	Designation	Nationality	Academic Qualification & Experience	Date of Appointment

Declaration:

I declare that all information given in this form is true and correct.

Dated this _____ day of _____20_____

Name: _____

Title: _____

Signature: _____

Stamp/Seal of the Financial Institution: