**Schedule A**

**UNISS PARTICIPATION APPLICATION FORM**

(Name and address of the applicant)

………………………………...

…………………….……

Date …………………………..

The Director,

National Payment System Department, Bank of Uganda

P.O. Box 7120, KAMPALA(U)

Dear Sir/madam,

RE: Application for Participation in the Uganda National Inter-Bank Settlement System (UNISS)

We ………………………………………………bank Ltd., do hereby apply to become a participant in UNISS and furnish the following particulars of the Financial Institutions;

|  |  |  |
| --- | --- | --- |
| No. | Particulars | Comment |
| 1 | Physical Address of Head Office: L.R. No. |  |
| 2 | Settlement account(s) at the Bank |  |
| 3 | Commitment to exchange SWIFT authentication keys with all participants |  |
| 4 | Technical capacity:1. Infrastructure capable of effectively communicating with UNISS (tested and ascertained by the Bank)
2. Have in place contingency arrangements to enable business continuity
 |  |
| 5 | Execute and agree to be bound by the terms and conditions of the Agreement for Participating in UNISS |  |

We hereby certify that the information given in this Application is complete and accurate to the best of our knowledge, and that we have not omitted any material facts.

If any information or facts contained in this Application is found to be misleading, the Bank shall decline or nullify the application (if granted).

We shall abide by terms and conditions of the Rules and Regulations of UNISS. Yours Faithfully,

For and on behalf of the Financial Institution

Name ………………………………… Name …………………………….. Designation........................................... Designation......................................

Authorised Signatory ………………… Authorised Signatory ……………..

Company Seal