

**M, SCHEDULE 2
APPLICATION FORM
THE REPUBLIC OF UGANDA
TOURIST AGENTS (LICENSING) ACT, 1968
APPLICATION FOR THE GRANT/RENEWAL OF
A TOURIST AGENTS LICENCE**

1. (a) Full names of applicant-----
 (b) Address of applicant-----
 (c) Telephone number(s)-----
 (d) E-mail address-----

2. (a) Nature of business for which licence is required ..
3. Location of registered office of
 business-----.

4. (a) Name of firm, Company or Cooperative society (whichever is
 applicable)-----
 (b) Date of first registration or incorporation-----.
5. (a) Name and addresses of proprietor/directors/officers and their
 nationalities-----..

6. (a) Amount of company's share capital-----...
 (b) How much of this is held-----..
 (c) By Ugandans-----
 (d) By non-Ugandans-----
 (e) By Ugandan Africans-----...

7. Number of vehicles used in business-----...

8. State whether the proprietor company or society has ever been
 convicted of:
 (f) Any bankruptcy offence-----
 (g) Failing to keep proper books of accounts-----
 (h) Any breach of the Tourist Agents (licensing Act?)-----
 (i) If so when and by what court?-----..

9. (a) Has any tourist agents licence previously held by the owner been
 cancelled or revoked?-----
 If so, when and by what court?-----..

10. State the reason(s) for any material difference between the particulars

given in the application and those given in previous application(s)

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11. Does or will the applicant receive tourists direct from outside Uganda?

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If yes give the following information:

Number of tourists received during the past
twelve months----..

Number of the tourists expected to be received
during the twelve months next following the date of
this application-----

12. What provisions have made for the keeping of proper
books of

accounts for the business-----.

I hereby declare that the particulars given above are
the best of my knowledge and belief true.

Dated this -----day of-----

Signed-----

Designation-----