

**TO BE PROVIDED TO SIFA**

**Dated:**

**APPLICATION BY A TCSP (“Applicant”) FOR RENEWAL OF APPROVAL FOR THE TCSP TO BE A MANAGING TCSP OF THE BUSINESS OF A MANAGED TCSP (see Sections 28 TCA):**

1. Name and registered number of the Applicant:
  
2. Registered office address of the Applicant in Samoa or the principal office of the Applicant in Samoa:
  
3. Name and registered number of the managed TCSP:
  
4. Registered office address of the managed TCSP:
  
5. Confirmation that the fee of        has been paid or is provided with this application to SIFA.

**SIGNED for and on behalf of the Applicant by a director of the Applicant:**

**Print full name:**