



**APPLICATION TO APPOINT A DELEGATE NOT
LICENSED BY THE SECURITIES COMMISSION**

The *Capital Markets and Services Act 2007* and the Securities Commission Guidelines governing private retirement scheme require person(s) submitting or cause to be submitted, any statement or information to the Commission to ensure that the information submitted is not false or misleading and there is no material omission in any respects. Non-compliance with the requirement shall subject the person to the sanctions and penalties prescribed under the Act and/or the Guidelines.

DECLARATION

We declare that to the best of our knowledge and belief, all information given in this notification form are true and accurate.

.....
Name of Director of PRS Provider /
Authorised Signatory of Adviser*:
Designation:
Company:
Date:

* *Please delete whichever is inapplicable*

A. General

(1)	Name of delegator	
(2)	Name of delegatee	
(3)	Date of incorporation	
(4)	Date of commencement of operations	
(5)	Company number	

B. Shareholders

Shareholders	Percentage	Shareholding (as at xx/xx/20xx)	
		Direct	Indirect

C. Board of Directors

Name of Director	Status
	(Please indicate executive status, if any, and Chairman of the Board)

D. Key Personnel

Name of all the relevant key personnel

Name of Personnel	Position	Qualification and Experience

E. Financial Position

Summary of the delegate's past performance based on the last three financial years and the latest management accounts (if applicable):

	[Date]	[Date]	[Date]	Period ended [Date]
Issued and paid-up capital				
Shareholders' funds				
Pretax profit/loss				
After tax profit/loss				

F. Delegated Function

- (1) Description of function(s) to be delegated

- (2) Comment on the experience of the proposed delegate in respect of function to be delegated.

G. Adverse Records

- (1) Has the delegate been the subject of any reprimand action by any other regulatory authority in Malaysia or the past three years prior to the date of application?

Yes

☐

No

☐

- (2) If the answer is "Yes" please provide all relevant particulars including, but not limited to, the nature of transgression, name of authority, date and type of action taken.

H. Additional Information

- (1) Please provide any other relevant information to support this application.

Instructions

1. Please tick (✓) in the relevant boxes, where appropriate.
2. If a question is not applicable, please state "N/A." in the space provided.
3. If the space provided is insufficient for your requirements, please continue on a separate sheet of paper. Please indicate which question your additional information relates to.