SC/PRS -SCHEME TRUSTEE



# APPLICATION TO BE APPROVED AS A SCHEME TRUSTEE (under Section 139ZC of CMSA)

The *Capital Markets and Services Act 2007* and the Securities Commission Guidelines governing private retirement scheme require person(s) submitting or causing 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 Authorised Signatory of Adviser / Submitting Party\*: Designation: Company: Date:

Name of Director of Trustee: Designation: Company: Date:

\* Please delete whichever is inapplicable

## A. General

| (1) | Name of trustee                          |                        |
|-----|--|------------------------|
| (2) | Date of Incorporation                    |                        |
| (3) | Company Number                           |                        |
| (4) | Date of<br>commencement of<br>operations |                        |
| (5) | Registration status                      | Date of registration : |
|     |  | Date of expiry :       |

# B. Shareholders

| Shareholders | Percentage Shareholding<br>(as at xx/xx/20xx) |
|--------------|---|
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
| <b>–</b>     |   |
| Total        |   |

# C. Board of Directors

| Name of Director | Status |
|------------------|--------|
|                  |        |
|                  |        |
|                  |        |
|                  |        |
|                  |        |

## D. Financial Highlights

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

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

(2) If the accounts were subject to any audit qualifications, please provide details of qualifications.

## E. Proposed trusteeship in this application

| Name of the PRS Scheme | Name of PRS Provider |
|------------------------|----------------------|
|                        |                      |

### F. Sub-custodian

| Will a sub-custodian be | Yes |  |
|-------------------------|-----|--|
| appointed?              |     |  |
|                         | No  |  |

If "Yes" please provide details of the proposed sub-custodian as follows -

- (a) Name of sub-custodian :
- (b) Company No. :
- (c) Issued and paid-up : capital

(d) Please provide reason(s) for delegating the custodial function.

| <br> |  |
|------|--|
|      |  |
|      |  |
|      |  |
|      |  |

If more than one sub-custodian is appointed, please provide the information separately for each sub-custodian.

## G. Additional Information

### (1) Adverse Records

(i) Has the trustee been the subject of reprimand or disciplinary action by any other regulatory authority in the past three years prior to the date of application?

(ii) 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.

(iii) Please state all current material litigation and arbitration (if any), including those pending or threatened, and any facts likely to give rise to any proceedings which might materially affect the business / financial position of the trustee or any of its delegates. (2) Please provide any other relevant information to support this application.

### Instructions

- 1. Please tick ( $\sqrt{}$ ) 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.
- 4. For Section C, please indicate the status of the directors (e.g, executive or non-executive). Please also state who is the Chairman of the Board.