

## APPLICATION FOR ESTABLISHMENT OF A NEW SCHEME/ FUNDS UNDER A SCHEME

PRS Provider :
Name of Scheme and/Fund(s) :
Adviser :
Date of Submission to SC :

	Requirements	Compliance Check		SC's Remarks
		Check	Remarks	
1.	<ul> <li>Approval sought, including particulars of the proposal(s);</li> <li>Details of any departure from the relevant guidelines, together with relevant justifications and waiver/exemption sought for such departure. Where waiver/exemption has been obtained, to provide details of such waiver/exemption; and</li> <li>Other approvals, or clearance obtained/ pending (if applicable).</li> <li>(for multiple applications, all proposals may be included in 1 cover letter)</li> </ul>			
2.	A declaration letter, which declares that the proposal is in full compliance with the <i>Guidelines on Private Retirement Scheme</i> and the <i>Capital Markets &amp; Services Act 2007</i> (as per the specimen in Appendix II, Schedule E of the <i>Guidelines on Private Retirement Scheme</i> ).   (for multiple applications, declarations may be included in 1 declaration letter)			

	Requirements Compliance Check		ance Check	Remarks of the SC
		Check	Remarks	
3.	Supporting Documents  Application Form (SC/PRS-NEW)			
	<ul> <li>Information/details must be appropriately and accurately filled up.</li> <li>Declaration to be appropriately signed by the PRS Provider/adviser.</li> </ul>			
4.	Deed			
	<ul> <li>Registrable and lodgement copies of the deed, submitted as per the requirement of paragraphs (8) and (9), Appendix III – Schedule E of the Guidelines on Private Retirement Scheme.</li> </ul>			
5.	Product Disclosure Statement			
	<ul> <li>Registrable copies of the disclosure document, submitted as per the requirement under Chapter 13 of Guidelines on Private Retirement Scheme.</li> </ul>			
6.	Fees and Charges			
	<ul> <li>Fee computation checklist.</li> <li>Payment made to 'Suruhanjaya Sekuriti/ Securities Commission'.</li> <li>(for multiple applications, fees can be accumulated into 1 checklist)</li> </ul>			
7.	Other Attachments			
	(i) (ii)			

Name:	Name:
(Person responsible for the submission	(Chief Executive Officer of the PRS Provider)
documents)	Date:
Date:	

## For Internal Use of the SC:

Submission of Documents						
Please tick the relevant box:						
Complete						
Not complete						
If not complete, please state missing documents:						
(Date of complete submission received:)						
Desk Officer	Supervisor					
Name:	Name:					
Date:	Date:					