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| bnm**Application Form to Carry On** **Approved Business under the Financial Services Act 2013 and/or** **the Islamic Financial Services Act 2013** |
| 1. | Name of applicant/approved person | *[Enter text]* |
| 2. | Date of establishment of applicant/approved person | *[Enter text]* |
| 3. | Type of business | [ ]  Financial Adviser (*Select Type of Application)*[ ]  Islamic Financial Adviser *(Select Type of Application)*[ ]  Insurance Broker *(Select Type of Application)*[ ]  Takaful Broker *(Select Type of Application)*[ ]  Others (Please specify) *[Enter text]**\*Please TICK and SELECT whichever applicable* |
| 4. | Principal place of business of applicant/approved person | Office address: *[Enter text]* Tel No: *[Enter text]* Fax No: *[Enter text]*E-mail address: *[Enter text]*  |
| 5. | Date of licence/approval first issued | *[Enter text]* |
| 6. | Expiry date of last approval | *[Enter text]* |
| 7. | Authorised Capital (RM) | RM *[Enter text]* |
| 8. | Paid-up Capital (RM) | RM *[Enter text]* |
| 9. | Particulars of shareholding structure of applicant/approved person |

|  |  |  |
| --- | --- | --- |
| **Name of shareholders** | **Shares held** | **% Shareholding** |
|  | **In unit** | **In RM** |  |
| **Malaysian** (Bumiputera) |  |  |  |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | ***[text]*** | ***[text]*** | ***[text]*** |
| Sub-total |  |  |  |
|  |  |  |  |
| **Malaysian** (Non- Bumiputera) |  |  |  |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | ***[text]*** | ***[text]*** | ***[text]*** |
| Sub-total |  |  |  |
|  |  |  |  |
| **Non-Malaysian**  |  |  |  |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | ***[text]*** | ***[text]*** | ***[text]*** |
| Sub-total | ***[text]*** | ***[text]*** | ***[text]*** |
| **TOTAL** | ***[text]*** | ***[text]*** | ***[text]*** |

*Note:* 1. *Please provide additional information on shareholder in* ***FORM BNM/JKAP/FormSH (Individual)*** *and/or* ***FormSH(Corporate)****, whichever applicable. (For new application only)*
2. *Please provide separate attachment if the space provided is insufficient*
 |
| 10. | Board of Directors |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation*** Chairman
* Executive
* Non-executive
* Independent
 | **Date of appointment** | **Shareholders represented****(if applicable)** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |
| 1. *[Enter text]*
 | *[text]* | *[text]* | ***[text]*** |

*Note: Please provide additional information on CEO and directors in* ***FORM BNM/JKAP/FormDIR*** *(For new application only).* |
| 11. | Number of staff |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Senior Management** | **Supervisory Staff** | **Technical Adviser/ Specialist** | **Others** | **Total Staff** |
| **Malaysian**BumiputeraChineseIndianOthers | *[text]* *[text]* *[text]*  | *[text]* *[text]* *[text]*  | *[text]* *[text]* *[text]*  | *[text]* *[text]* *[text]*  | *[text]* *[text]* *[text]*  |
| **Non-Malaysian** | *[text]* | *[text]* | ***[text]*** | *[text]* | *[text]* |
| **TOTAL** | *[text]* | *[text]* | ***[text]*** | *[text]* | *[text]* |

*Note: Please provide additional information on CEO and directors in* ***FORM BNM/JKAP/FormDIR*** *(For new application only).* |
| 12. | External auditor | Name of Audit Firm: *[Enter text]*Address: *[Enter text]*Date of Appointment: *[Enter text]* |
| 13. | Professional Indemnity (PI) insurance/takaful coverage | Name of insurer/takaful operator: *[Enter text]*Amount of cover: *[Enter text]*Details of deductible: *[Enter text]*Period of cover: *[Enter text]* |
| 14. | List and particulars of insurance/takaful broking staff/ financial adviser’s representative |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **I/C No.** | **Qualifications** | **Years of insurance/ takaful broking experience / Date of appointment of FAR** |
| 1. *[Enter text]*
 | *[text]* | *[text]*  | *[text]*  |
| 1. *[Enter text]*
 |  |  |  |
| 1. *[Enter text]*
 |  |  |  |
| 1. *[Enter text]*
 |  |  |  |
| 1. *[Enter text]*
 |  |  |  |

*Note:* 1. *Please provide additional information on FARs in* ***FORM BNM/JKAP/FormFAR*** *(For new application only).*
2. *Please provide separate attachment if the space provided is insufficient.*
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| 15. | Particulars of branch office(s), where applicable |

|  |  |  |
| --- | --- | --- |
| **Location** | **Address** | **Date of commencement of operation** |
| 1. *[Enter text]*
 | *[text]*  | *[text]*  |
| 1. *[Enter text]*
 | *[text]*  | *[text]*  |
| 1. *[Enter text]*
 | *[text]*  | *[text]*  |

 |
| 16. | Contact details of senior officer of applicant/approved person for purpose of correspondences | Name: *[Enter text]*Designation: *[Enter text]*Tel. No: *[Enter text]*Email address: *[Enter text]* |
| 17. | **Declaration:**On behalf of the company *[Enter text]*, I *[Enter text]* (NRIC/Passport no.: *[Enter text]*) declare that all information given in the forms and attached annexure(s) (if any) are true, correct and complete. With this, the application pursuant to section 9 of the Financial Services Act 2013 / section 9 of the Islamic Financial Services Act 2013 is submitted for the consideration of Bank Negara Malaysia.Signature(Name: *[Enter text]*)(Designation: [ ]  Chief Executive Officer [ ]  Managing Director [ ] Others *Please specify*(Date: *[Enter text]*)Company’s Official Stamp: |

**The following are key factors supporting a new application:**

(Note: New applicants may attach other documents/testimonials deemed necessary to support its application. Examples shared below are non-exhaustive.)

* Character and integrity including standards of good governance
1. *Robust policies, procedures and control mechanism to foster a fair, responsible and professional conduct to safeguard the interest of financial consumers including appropriate policies to manage potential conflict of interest and risk management framework*
2. *Support letter from applicant’s home regulator (where applicable)*
* Soundness and feasibility of the plans
	1. *Realistic business plan for at least 3-year horizon taking into account current operating environment and potential risks*
* Sufficiency of the financial resources, business record and experience
	1. *Initial and future sources of funding*
	2. *Financial performance and strength of the applicant (Past 3 years’ financial statement)*
* Suitable competence and experience
	1. *Background, expertise, capability and fit and proper requirement of key responsible persons*
* Best interest of Malaysia (for foreign applicant only)
1. *Specific expertise, knowledge or experience that will be beneficial to the industry*

**CHECKLIST OF SUPPORTING DOCUMENTS TO BE SUBMITTED**

Please submit application with a **cover letter** stating the intention to apply for approval/renewal, attaching the following documents to:

Pengarah

Jabatan Konsumer dan Amalan Pasaran

Bank Negara Malaysia

Jalan Dato’ Onn

50480 Kuala Lumpur

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| --- | --- |
| **NEW APPLICATION:**[ ] Company’s Memorandum and Articles of Association [ ]  Company’s particulars (*Attach SSM certificate of registration*)[ ]  Company’s Organisation Chart/Group Structure (if any) [ ]  Form 24 – Return of Allotment of Shares[ ]  Form 49 – Return Giving Particulars in Register of Directors, Managers and Secretaries and Changes of Particulars[ ]  Past 3-years’ Audited Financial Statements (*where available*) [ ]  Realistic business plan for at least 3-year horizon[ ]  Support letter from applicant’s home regulator (*where applicable*) [ ]  Standard Operating Procedures on overall processes of the business applied[ ]  Initial and future sources of funding (Please provide sufficient proof e.g. Statement of Fixed Deposit, Statement of Commission, Banking Account Statement, Investment Account Statement, other sources of income) | [ ]  **FORM BNM/JKAP/FormDIR** (*Attach certified true copies of NRIC/Passport and Letter of Appointment*)[ ]  **FORM BNM/JKAP/STATDEC/DIR**[ ]  **FORM BNM/JKAP/FormFAR** (*Attach certified true copies of NRIC/Passport, Letter of Appointment and RFP/CFP/IFP/Shariah RFP certificates*)[ ]  **FORM BNM/JKAP/STATDEC/CEOFAR**[ ]  **FORM BNM/JKAP/FormSH(Individual)** / **FormSH(Corporate)** (*Attach certified true copies of NRIC/Passport*)[ ]  **FORM BNM/JKAP/STATDEC/AUD(IB)** or **FORM BNM JKAP/STATDECAUD(FA)** |
| **RENEWAL APPLICATION :**[ ] Latest audited financial statements[ ] Professional indemnity insurance policy cover |  |