|  |  |  |
| --- | --- | --- |
| 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**  Bumiputera  Chinese  Indian  Others | *[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.* |
| 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

|  |  |
| --- | --- |
| **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 |  |