

## KNOW YOUR BUSINESS (KYB) APPLICATION FORM

### [A] Documents Required (certified true copy)

Private Limited Company (Sdn Bhd)	
Item(s)	Tick
(1) Memorandum & Article of Association (M&A)	
(2) Form 9 – Certificate of Incorporation or equivalent official document	
(3) Latest Form 24 or equivalent official document	
(4) Latest Form 49 or equivalent official document	
(5) NRIC / Passport Copy of Director(s) or Shareholder(s)	
(6) NRIC / Passport Copy of Authorized Person	
(7) Authorization Form	

Sole Proprietorship or Partnership Company	
Item(s)	Tick
(1) Form D – Certificate of Registration or equivalent official document	
(2) NRIC / Passport Copy of Owner's / Partner's	
(3) NRIC / Passport Copy of Authorized Person	
(4) Authorization Form	

State Owned Corporation & Public Listed Company	
Item(s)	Tick
(1) Authorization Form	
(2) NRIC / Passport Copy of Authorized Person	
(3) NRIC / Passport Copy of Key Responsible Person*	

\* Key Responsible Person  
*Any person performing a senior management function who has primary/significant responsibility for the management and performance of the company's business activity.*

### PART A: BUSINESS INFORMATION

(1) Company Name		
(2) Date of Incorporation		(3) Registration No.
(4) Location of Incorporation		
(5) Nature of Business		

### PART B: CONTACT INFORMATION

(1) Business Address		
(2) City	(3) Postal Code	
(4) State	(5) Country	
(6) Office No.1	(7) Office No.2	
(8) Fax No.	(9) Email Address	
(10) Website URL		

### PART C: TRANSACTION PROJECTION (Estimation future transaction details)

(1) Expected corridor's country to conduct the remittance services transaction	#	Country Name	Purpose of Remit
	1		
	2		
	3		
	4		
	5		
(2) Average Annual Turnover			
(3) Bank(s) Information	[1] Bank Name: _____ Account No.: _____  [2] Bank Name: _____ Account No.: _____		

### PART D: OFFICIAL DECLARATION

I/We declare that the information provided above are true and correct to the best of my/our knowledge. I/We undertake to inform The management of any changes in this form immediately. In case any of the above information is found to be false or untrue, I am/We are aware that I/We may be held liable for it.

Company Stamp

CEO/Director Signature : _____	
Name : _____	
Designation : _____	
Date : _____	

**AUTHORIZATION FORM (For All Authorized Personnel)**

\*A copy of Identification cards (MyKad) / Passport of the authorized personnel's need to be attached.

(A1) Name as in IC/Passport			<u>Signature's Specimen</u>	
(A2) NRIC/ Passport No.				
(A3) Designation				
(A4) Email Address				
(A5) Mobile No. 1		(A6) Mobile No. 2		
(B1) Name as in IC/Passport				
(B2) NRIC / Passport No.			<u>Signature's Specimen</u>	
(B3) Designation				
(B4) Email Address				
(B5) Mobile No. 1		(B6) Mobile No. 2		
(C1) Name as in IC/Passport				
(C2) NRIC / Passport No.				<u>Signature's Specimen</u>
(C3) Designation				
(C4) Email Address				
(C5) Mobile No. 1		(C6) Mobile No. 2		
(D1) Name as in IC/Passport				
(D2) NRIC / Passport No.			<u>Signature's Specimen</u>	
(D3) Designation				
(D4) Email Address				
(D5) Mobile No. 1		(D6) Mobile No. 2		
(E1) Name as in IC/Passport				
(E2) NRIC / Passport No.				<u>Signature's Specimen</u>
(E3) Designation				
(E4) Email Address				
(E5) Mobile No. 1		(E6) Mobile No. 2		
(F1) Name as in IC/Passport				
(F2) NRIC / Passport No.			<u>Signature's Specimen</u>	
(F3) Designation				
(F4) Email Address				
(F5) Mobile No. 1		(F6) Mobile No. 2		
(G1) Name as in IC/Passport				
(G2) NRIC / Passport No.				<u>Signature's Specimen</u>
(G3) Designation				
(G4) Email Address				
(G5) Mobile No. 1		(G6) Mobile No. 2		

**Company Stamp**

**CEO/Director Signature** : \_\_\_\_\_  
**Name** : \_\_\_\_\_  
**Designation** : \_\_\_\_\_  
**Date** : \_\_\_\_\_

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