



CROSS-BORDER TRADE PAYMENTS

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	<table border="1"> <tr> <th>#</th> <th>Country Name</th> <th>Purpose of Remit</th> </tr> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </table>			#	Country Name	Purpose of Remit	1			2			3			4			5		
#	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.																					
CEO/Director Signature : _____ Name : _____ Designation : _____ Date : _____		Company Stamp <div style="border: 1px solid black; height: 80px; width: 100%;"></div>																			

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