



APPLICATION FOR ESTABLISHMENT OF MARKETING OFFICE IN KUALA LUMPUR AND ISKANDAR MALAYSIA/CO-LOCATED OFFICE/REPRESENTATIVE OFFICE OUTSIDE LABUAN OR MALAYSIA/ CONVERSION OF KUALA LUMPUR MARKETING OFFICE TO CO-LOCATED OFFICE

Name of Labuan Company : **2**
Type of Licence : **3**

The duly completed checklist is to be attached as part of the documentations submitted to Labuan FSA

(Please ✓ at the appropriate box and provide reason(s)/justification(s) for any non-submission)

No	Documents	For Applicant	For Labuan FSA
1.	Duly completed application form as per Appendix I		
2.	Proposed organisation chart of proposed office		
3.	Duly completed Statutory Declaration of true and correct information submitted - to be filled up by applicant (as per Appendix II)		
4.	Duly completed Statutory Declaration by Service Provider Responsible for Submission of Application (as per Appendix III) (not applicable for submission made directly by the Labuan Company)		
5.	Processing fee of USD350		

Notes:

- Where documents are not in the national language of Malaysia or in English, please provide English-translated version of the documents. duly certified/notarized.
- Documents may be certified by any authorised person including, but not limited to, commissioner for oaths, notary public, certified public accountants, advocates or solicitors, company secretaries and Malaysian/foreign embassies.
- The checklist serves as general requirement of the application, Labuan FSA reserves the right to request for additional information to support the application.
- This document belongs to Labuan FSA, no modification or tampering with the format or its contents is permitted

Officer responsible for information submission:

Signature : _____ **Company** : _____

Name : _____ **Contact No** : _____

Designation : _____ **Email** : _____

PARTICULARS OF APPLICATION			
Section A: General Information			
a. Type of office	Please tick (✓) the relevant boxes for type of application: <input type="checkbox"/> Co-located Office/Conversion of KLMO to Co-located Office <input type="checkbox"/> Kuala Lumpur Marketing Office <input type="checkbox"/> Representative Office Outside Labuan or Malaysia		
b. Rationale or purpose of establishment/conversion of the office			
c. Location of the office			
d. Function of the office			
e. Key personal particulars of all staff to be stationed at the office	No.	Name	Position
f. Any other information relevant for consideration of the application			
Section B: Three Years Financial Projection			
Currency:			
Statement of Comprehensive Income	Year 1	Year 2	Year 3
Revenue earned from the office (where applicable)			
Expenses incurred - Staff cost - Rental expenses - Other expenses			
Income / expenses derived / incurred from the office			
Note: 1. The projection must show the realistic view of the business in three years. 2. Please provide the basis of assumption in deriving the projected figure.			

DECLARATION OF TRUE AND CORRECT INFORMATION SUBMITTED ¹*Important: All fields are mandatory and should not be left blank* ²

INRIC/Passport No: ³
 the(position) of(name of company), ⁴
 do hereby solemnly and sincerely declare that: ⁵

1. all information submitted in this application including all attachments, forms, documents and forwarding letters are accurate, true and correct and that all estimations provided are fair and reasonable. ⁶
2. I am aware that if I make any misrepresentation herein this application, it is an offence punishable pursuant to Section 192 of the LFSSA/Section 152 of the LIFSSA.
3. a printed signed copy of this application which reflects the same information provided in this application is being kept at the office of my principal or our appointed Labuan trust company being the agent approved by Labuan FSA.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act 1960 / other relevant provisions. ⁷

Subscribed and solemnly declared by the above ⁸

named ⁹

At ¹⁰

In the State of ¹¹

Thisday of 20..... ¹²

.....

Signature ¹⁴

Before me, ¹³

..... ¹⁵
 (Commissioner for Oaths/Notary Public) ¹⁶

STATUTORY DECLARATION BY SERVICE PROVIDER RESPONSIBLE FOR SUBMISSION OF APPLICATION

Important: All fields are mandatory and should not be left blank

I,(name) of(address) NRIC/Passport
No:..... the authorized officer of(name of
trust company/insurance manager/underwriting manager/other service providers) being the
party responsible for the submission of application for
.....(name of applicant) do solemnly and sincerely declare that
in relation to the above application:

1. I have conducted due diligence process on..... (name of applicant)
and on its director(s) and shareholder(s) and other persons or companies that involved
and related to the application and satisfied with the result thereof.
2. I am satisfied that the requirements of all legislations and applicable guidelines
including but not limited to Guidelines on Fit and Proper Person and Anti-Money
Laundering and Anti-Terrorism Financing Act 2001 in respect of the above application
have been complied with.

And I make this solemn declaration conscientiously believing the same to be true, and by
virtue of the provisions of the Statutory Declaration Act 1990 / other relevant provisions.

Subscribed and solemnly declared
by the above named

At
In the State of
This ...day of 20..

.....
Signature

Before me,

.....
(Commissioner for Oaths/Notary Public)