



## APPLICATION TO CARRY ON BUSINESS AS A PAYMENT SYSTEM<sup>1</sup> OPERATOR

### IMPORTANT NOTES<sup>2</sup>

1. The completed application form and supporting documents should be submitted to:<sup>3</sup>

Head<sup>4</sup>

Authorization and Licensing Unit<sup>5</sup>

Labuan Financial Services Authority<sup>6</sup>

Level 17, Main Office Tower<sup>7</sup>

Financial Park Complex<sup>8</sup>

Jalan Merdeka<sup>9</sup>

87000 Labuan F.T.<sup>10</sup>

Malaysia<sup>11</sup>

2. Applicant may also submit a soft copy of the completed application form and supporting documents via email to [licensing@labuanfsa.gov.my](mailto:licensing@labuanfsa.gov.my) for preliminary review by the officer.<sup>12</sup>
3. Submission of application which does not comply with Labuan FSA's requirement or which are unsatisfactory may be returned.
4. The form and supporting documents serves as general requirement of the application, Labuan FSA reserves the right to request for additional information and/or documents to support the application.
5. Any information supplied pursuant to this form will be dealt with in confidence in accordance with Section 178 of the Labuan Financial Services and Securities Act 2010/Section 139 of the Labuan Islamic Financial Services and Securities Act 2010.
6. 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. Copy of bank statements must be certified by the bank. Where documents are not in the national language of Malaysia or in English, please provide English-translated version of the documents, duly certified/notarized.
7. This document belongs to Labuan FSA, no modification or tampering with the format or its contents is permitted.
8. Labuan FSA has a whistle blowing policy in place where suppliers, consultants or even members of the public can report to the Designated Officers in writing as per the Whistle Blowing Disclosure Form if there is any element of wrongdoings by any staff of Labuan FSA or its subsidiaries in relation to the application or licence being awarded.
9. For details of applicable legislations and guidelines pertaining to payment system business, please visit our website at [www.labuanibfc.com.my](http://www.labuanibfc.com.my).
10. Processing fee and client charter:

Type of Processing	Processing Fee	Client Charter	<sup>13</sup>
	USD		
Normal	350.00	30 working days	
Fast Track	1,550.00	15 working days	

## IMPORTANT NOTES

**11) Terms and conditions of fast track application.**

- (i) Labuan FSA reserved the right to accept or decline any fast track application submitted.
- (ii) The fast track processing timeline will only commence upon compliance with the following:
  - (a) Submission of complete documentation;
  - (b) Payment of fast track processing fee; and
  - (c) Acceptance of fast track application by Labuan FSA.
- (iii) The fast track processing fee will be forfeited should the applicant decided to withdraw after the fast track application has been accepted by Labuan FSA.
- (iv) Labuan FSA reserved the right to change the status of the application from fast track to normal processing. The applicant will duly notified and the fast track processing fee paid will be refunded accordingly.

## GENERAL INFORMATION

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

1.	Party responsible for submission of application <sup>‡</sup>		
	<input type="checkbox"/> Applicant's Shareholder/Head Office	<input type="checkbox"/> Labuan Trust Company	
	<input type="checkbox"/> Others: _____ ( <i>please specify</i> )		
2.	Officer responsible for submission of application		
	Name : _____	Company : _____	
	Designation : _____	Contact No. : _____	
	Email : _____	Signature : _____	
3.	How do you know about Labuan IBFC		
	<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper/Media	
	<input type="checkbox"/> Previous Experience	<input type="checkbox"/> Business Referral	
	<input type="checkbox"/> Labuan Trust Company	<input type="checkbox"/> Labuan IBFC Inc. Sdn. Bhd. <sup>§</sup>	
	<input type="checkbox"/> Others: _____ ( <i>please specify</i> )		
4.	Consent for disclosure of information to be used for marketing/promotional purposes by Labuan FSA and Labuan IBFC Inc. Sdn. Bhd.		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<sup>‡</sup> With the exception of the applicant's shareholder/head office, party responsible for submission of application is required to submit the duly completed Statutory Declaration as attached in Appendix I.

<sup>§</sup> Labuan IBFC Inc. Sdn. Bhd. was incorporated in July 2008 as the sole official Malaysian agency authorised to promote, market and develop the benefits of Labuan IBFC as the premier international business and financial centre in Asia Pacific.

**APPLICATION TO CARRY ON BUSINESS AS A PAYMENT SYSTEM OPERATOR <sup>1</sup>**Section 171, Labuan Financial Services and Securities Act 2010 <sup>2</sup>Section 136, Labuan Islamic Financial Services and Securities Act 2010 <sup>3</sup>

<b>PART I : PROFILE OF APPLICANT</b> <i>Important: All fields are mandatory and should not be left blank</i>				4
a. Name of Applicant (refers to the proposed Labuan company)				
b. Type of payment system (Please tick (✓) the appropriate box)	<input type="checkbox"/>	Conventional	<input type="checkbox"/>	Islamic
c. Nature of Legal Entity (Please tick (✓) the appropriate box)	<input type="checkbox"/>	Labuan Company - Subsidiary	<input type="checkbox"/>	Foreign Labuan Company - Branch
d. Marketing Office to be Established (Please tick (✓) the appropriate box)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. Proposed Paid-up Capital/Working Fund (please specify currency used)				
f. Proposed Shareholder(s) (each of shareholder is required to complete Part II and/or Part III)	<b>Name of Shareholder(s)</b>	<b>Country of Origin</b>	<b>Percentage of Shareholding(s)</b>	
g. Proposed Director(s) (each of Director is required to complete Part IV and Part V)	<b>Name of Director(s)</b>	<b>Nationality</b>	<b>Position to be Held</b>	
h. Proposed Shariah Advisor(s) (each of Shariah Advisor is required to complete Part IV)	<b>Name of Advisor(s)</b>	<b>Nationality</b>	<b>Years of Experience in Islamic Financial Business</b>	

**PART II : PROFILE OF CORPORATE SHAREHOLDER(S)**  
**Important: All fields are mandatory and should not be left blank**

a. Name of Company/ Head Office				
b. Company Address				
c. Nature and Type of Business				
d. Incorporation/ Registration Number				
e. Date and Place of Incorporation/ Registration				
f. Date, Type of Licence and Licence Number <i>(if applicable)</i>				
g. Home Supervisory Authority <i>(if applicable)</i>				
h. Shareholders' Fund <i>(please specify currency and amount for the latest three(3) years Audited Financial Statements)</i>	Year	Paid-up Capital	Retained Profits/ Accumulated Losses	
i. Financial Performance <i>(please specify currency and amount for the latest three (3) years Audited Financial Statements)</i>	Year	Total Assets	Total Liabilities	Profit/(Loss) Before Tax
j. Shareholder(s)	Name of Shareholder(s)		Country of Origin	Percentage of Shareholding(s)
k. Board of Director(s)	Name of Director(s)		Nationality	Nature of Appointment <i>(executive or non- executive)</i>
l. Credit Rating <i>(if applicable)</i>	Agency		Rating	Date
m. Any Other Information Relevant For Consideration of the Application				

**PART III : PROFILE OF INDIVIDUAL SHAREHOLDER(S)**  
*Important: All fields are mandatory and should not be left blank*

a. Salutation											
b. Name (as per NRIC/passport)	<input type="checkbox"/> Please tick (✓) if the individual is a PEP										
c. Date and Place of Birth											
d. Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female							
e. Nationality											
f. NRIC Details (for Malaysian)	Old IC No.:  NRIC No.:										
g. Passport Details (for Non-Malaysian)	Passport No.:  Expiry Date:  Country of Issue:  Issuing Authority:  Length of residence in Malaysia:  Any work permit applied prior to this application:  <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(please provide certified true copy of the work permit)</small>										
h. Financial Net worth (latest three months statement which duly certified by Qualified Accountant or Bank)	<b>a) Net Worth Statement Certified by Qualified Accountant; or</b>										
	<b>Currency and Amount</b>										
	Total Assets										
	Total Liabilities										
<b>b) Bank Statement/Online Bank Statement Certified by the Bank</b>											
<table border="1" style="width: 100%;"> <thead> <tr> <th>Name of Bank</th> <th>Type of Account</th> <th>Statement Date</th> <th>Currency and Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name of Bank	Type of Account	Statement Date	Currency and Amount				
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**PART III : PROFILE OF INDIVIDUAL SHAREHOLDER(S)**  
*Important: All fields are mandatory and should not be left blank*

i. Curriculum Vitae of Individual Shareholder

**Section A: Tertiary / Highest Education(s)**

Type of Qualification/ Certification	Name of School/College/ University/Others	Year Qualification Obtained

**Section B: Professional Qualification(s)**

Type of Qualification/Certification	Name of Institution	Year Qualification Obtained

**Section C: Membership of Professional Body(s)**

Type and Details of Membership	Name of Institution	Year Membership Obtained

**Section D: Past and Current Work Experience(s)**

Date (dd/mm/yy)	Name of Employer	Designation	Key Areas of Responsibilities
From	To		

**Section E: Directorship Held in Other Company(s)**

Name of Corporation	Place of Incorporation	Date of Appointment (dd/mm/yy)	Nature of Appointment (executive or non- executive)

<b>PART IV: PROFILE OF DIRECTOR(S)/SHARIAH ADVISOR(S)</b>		
<i>Important: All fields are mandatory and should not be left blank</i>		
a. Position to be Held		
b. Salutation		
c. Name (as per NRIC/passport)	<input type="checkbox"/> Please tick (✓) if the individual is a PEP	
d. Date and Place of Birth		
e. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
f. Nationality		
g. NRIC Details (for Malaysian)	Old IC No.:  NRIC No.:	
h. Passport Details (for Non-Malaysian)	Passport No.:  Expiry Date:  Country of Issue:  Issuing Authority:  Length of residence in Malaysia:  Any work permit applied prior to this application:  <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please provide certified true copy of the work permit)</i>	
i. Curriculum Vitae of Director/Shariah Advisor		
<b>Section A: Tertiary / Highest Education(s)</b>		
Type of Qualification/ Certification	Name of College/University/Others	Year Qualification Obtained
<b>Section B: Professional Qualification(s)</b>		
Type of Qualification/ Certification	Name of Institution	Year Qualification Obtained

**PART IV: PROFILE OF DIRECTOR(S)/SHARIAH ADVISOR(S)**  
*Important: All fields are mandatory and should not be left blank*

**Section C: Membership of Professional Body(s)**

Type and Details of Membership	Name of Institution	Year Membership Obtained

**Section D: Past and Current Work Experience(s)**

Date (dd/mm/yy)	From	To	Name of Employer**	Designation	Key Areas of Responsibilities

**Section E: Directorship Held in Other Company(s)**

Name of Corporation	Place of Incorporation	Date of Appointment (dd/mm/yy)	Nature of Appointment (executive or non-executive)

\*\* If the position applied for requires approval from relevant authority, please give detail of the approving authority (applicable to current employment only).

**PART V : PARTICULARS OF THE APPLICATION*****Important: All fields are mandatory and should not be left blank*****Section A: Business Plan (Please fill in the details, where applicable)**

a. Objective of Establishment																																		
b. Type of Products/Services																																		
c. Target Market <i>(to specify whether it is individual and/or corporate client and the percentage)</i>	Target Market	%																																
	Individual																																	
	Corporate Client																																	
d. Target Industry/Sector <i>(to specify the industry/sector and the percentage)</i>																																		
e. Territorial Scope <i>(to specify the country and percentage)</i>	Territorial Scope	%																																
f. Business Operational and Strategic Plan																																		
g. Marketing Strategy																																		
h. Diagram/ process flow of the proposed business activities <i>(please explain the process)</i>																																		
i. Manpower Planning	<table border="1"> <thead> <tr> <th>Category</th> <th>Malaysian</th> <th>Non-Malaysian</th> <th>Total</th> <th>Expected Remuneration</th> </tr> </thead> <tbody> <tr> <td>(a) Managerial &amp; Professional</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(b) Technical &amp; Supervisory</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(c) Production / Operation Workers - Skilled - Unskilled</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(d) Clerical &amp; General Workers</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total (a)+(b)+(c)+(d)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Category	Malaysian	Non-Malaysian	Total	Expected Remuneration	(a) Managerial & Professional					(b) Technical & Supervisory					(c) Production / Operation Workers - Skilled - Unskilled					(d) Clerical & General Workers					Total (a)+(b)+(c)+(d)				
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i. Functional Structure at Management Office in Labuan																																		
j. Functional Structure at Marketing Office <i>(if any)</i>																																		

<b>PART V : PARTICULARS OF THE APPLICATION</b>			
<i><b>Important: All fields are mandatory and should not be left blank</b></i>			
<b>Section B: Three Years Financial Projection (*fill in where applicable)</b>			
<b>Currency:</b>			
<b>Statement of Comprehensive Income</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Revenue			
Operating Expenses			
<b>Operating Profit/(Loss)</b>			
Other Income			
General and Administrative Expenses			
<b>Income/(Loss) Before Tax</b>			
Tax (3%)			
<b>Income/(Loss) After Tax</b>			
<b>Statement of Financial Position</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>ASSETS</b>			
Non-current assets			
Current assets			
<b>Total Assets</b>			
<b>LIABILITIES</b>			
Long term liabilities			
Short term liabilities			
<b>Total Liabilities</b>			
<b>SHAREHOLDERS' FUNDS / HEAD OFFICE ACCOUNT</b>			
Head office account / paid up capital			
Retained profits / accumulated losses			
Other reserves			
<b>Total Shareholders' Funds / Head Office Account</b>			
<b>Note:</b>			
<ol style="list-style-type: none"> <li>1. Please ensure the three years projection is realistic and reasonable.</li> <li>2. Please provide basis of assumption in deriving to the projected figure.</li> <li>3. The above information is a guidance for the applicant to complete the financial projection.</li> </ol>			

**PART VI : SUPPORTING DOCUMENTS**

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

No	Documents	For Applicant	For Labuan FSA
<b>Part II: Corporate Shareholder(s)</b>			
1.	Detailed information of applicant's shareholder(s) or head office: a) Group corporate shareholding structure including the applicant b) Certified true copy of certificate of incorporation c) Certified true copy of certificate of licence granted by relevant authority(s) in its home country - (if applicable) d) Letter of awareness or approvals of authorities from the home country, if applicable, which includes: (i) Statement of no objection towards the establishment of a subsidiary or branch in Labuan. (ii) Confirmation that the applicant's shareholder or head office is of good financial standing. (iii) Agreement to co-operate in the supervision of the proposed subsidiary or branch in Labuan in terms of other applicable regulatory standards.		
	e) Certified true copy of board resolution or minutes of general meeting which approved the setting up of the applicant f) Certified true copy of memorandum & articles of association g) Copy of two (2) years audited financial statements/annual reports		
2.	Letter of guarantee or undertaking by: a) applicant's shareholder, if applicant is a subsidiary (format as per Appendix I) b) applicant's head office, if applicant is a branch (format as per Appendix II)		
<b>Part III: Individual Shareholder(s)</b>			
1.	Certified true copy of NRIC (Malaysian) or passport (non-Malaysian)		
2.	Certified true copy of relevant academic and professional certificates		
3.	Two (2) referral letters from institutions and/or professional bodies		
4.	Net worth statement certified by qualified accountant or certified true copy of the latest three months of bank statements indicating the amount of funds available		
5.	Letter of Guarantee by Individual Shareholder as per Appendix III		
6.	Statutory Declaration by Shareholder/Director on Fit and Proper Person as per Appendix IV.		
<b>Part IV: Director(s)/PO/Shariah Advisor</b>			
1.	Certified true copy of NRIC (Malaysian) or passport (non-Malaysian)		
2.	Certified true copy of relevant academic and professional certificates		
3.	Two (2) referral letters from institutions and/or professional bodies ( <i>not applicable for appointment within the group of companies</i> )		
4.	Statutory Declaration by Shareholder/Director on Fit and Proper Person as per Appendix IV.		
<b>Other Supporting Documents</b>			
1.	Proposed organisation chart of the applicant		
2.	Trading flow of the proposed business structure.		
3.	Declaration of True and Correct Information Submitted as per Appendix V.		

**PART VI : SUPPORTING DOCUMENTS**

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

No	Documents	For Applicant	For Labuan FSA
4.	Statutory Declaration by Services Provider Responsible for Submission of Application as per Appendix VI.		
5.	Framework on Know-Your-Customers' policy and compliance to the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001		
6.	Risk Management and Internal Control Policy, if any. The policy must be available for inspection once the licence is granted.		
7.	Investment Management Policy, if any. The policy must be available for inspection once the licence is granted.		

## Name and Address of Corporate Shareholder 1

[Date] 2

The Director General 3  
 Labuan Financial Services Authority 4  
 Level 17, Main Office Tower 5  
 Financial Park Labuan, Jalan Merdeka 6  
 87000 Federal Territory of Labuan 7  
 Malaysia 8

Dear Sir, 9

**LETTER OF GUARANTEE 10**

The application by [name of applicant], a subsidiary of [name of shareholder] to Labuan FSA 11 dated [date] for a licence to carry on Labuan [type of licence] business under the provisions of the Labuan Financial Services and Securities Act 2010/Labuan Islamic Financial Services and Securities Act 2010 [delete whichever not applicable] (hereinafter referred to as "the Act") refers.

We, being the shareholder, do hereby irrevocably and unconditionally guarantee and undertake 12 in respect of [name of applicant]'s Labuan [type of licence] business, that during validity of [name of applicant]'s license and its operation in Labuan IBFC, it shall comply with the following:

- a. The financial obligations and requirements imposed under the Act on it and shall meet its 13 liabilities in respect of its Labuan [type of licence] business.
- b. The requirement to obtain a prior written approval from Labuan FSA for:
  - i. any change of [name of applicant]'s shareholder who holds ten per centum or more 14 of its paid-up capital.
  - ii. any appointment of [name of applicant]'s director, whom shall be of a fit and proper person.
  - iii. any amendment or alteration to any of [name of applicant]'s constituent documents.
- c. The requirement to immediately notify Labuan FSA of any amendment or alteration to any 15 information which had been furnished to Labuan FSA in connection with the application for the Labuan [type of licence] business.

We shall when so demanded in writing by Labuan FSA, on first demand, make good, meet and honour the above requirements including, but not limited to, paying such sum of money in satisfaction of such financial obligations, requirements and liabilities to the extent they are properly due in such currency as may be specified by Labuan FSA, and on the basis such payments extinguish such financial obligations, requirements and liabilities of [name of applicant] and the Company. 16

Yours faithfully, 17

For and on behalf of 18  
 [Name of shareholder] 19

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[Name]  
 Director

## Letterhead of Head Office 1

[Date] 2

The Director General 3  
 Labuan Financial Services Authority 4  
 Level 17, Main Office Tower 5  
 Financial Park Labuan, Jalan Merdeka 6  
 87000 Federal Territory of Labuan 7  
 Malaysia 8

Dear Sir, 9

**LETTER OF UNDERTAKING** 10

The application by [name of applicant], a branch of [name of head office], to Labuan FSA dated [date] for approval to carry on business as a payment system operator under the provisions of the Labuan Financial Services and Securities Act 2010/Labuan Islamic Financial Services and Securities Act 2010 [delete whichever not applicable] (hereinafter referred to as "the Act") refers.

We, being the head office, do hereby irrevocably and unconditionally undertake in respect of [name of applicant]'s its payment system business, that during validity of [name of applicant]'s licence and its operation in Labuan IBFC, it shall comply with the following:

- a. The financial obligations and requirements imposed under the Act on it and shall meet it's liabilities in respect of its Labuan [type of licence] business.
- b. Requirement to notify Labuan FSA in writing within three months from the date of:
  - i. any change of [name of applicant]'s shareholder who holds ten per centum or more of its paid-up capital.
  - ii. any appointment of [name of applicant]'s director, whom shall be of a fit and proper person.
  - ii. any amendment or alteration to any of its constituent documents.
- c. The requirement to immediately notify Labuan FSA of any amendment or alteration to any information which had been furnished to Labuan FSA in connection with the application for the Labuan [type of licence] business.

We shall when so demanded in writing by Labuan FSA, on first demand, make good, meet and honour the above requirements including, but not limited to, paying such sum of money in satisfaction of such financial obligations, requirements and liabilities to the extent they are properly due in such currency as may be specified by Labuan FSA, and on the basis such payments extinguish such financial obligations, requirements and liabilities of [name of applicant] and the head office.

Yours faithfully, 17

For and on behalf of 18  
 [Name of head office] 19

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[Name]  
 Director

## Appendix III

Name and Address of Individual Shareholder <sup>1</sup>[Date] <sup>2</sup>

The Director General <sup>3</sup>  
 Labuan Financial Services Authority <sup>4</sup>  
 Level 17, Main Office Tower <sup>5</sup>  
 Financial Park Labuan, Jalan Merdeka <sup>6</sup>  
 87000 Federal Territory of Labuan <sup>7</sup>  
 Malaysia <sup>8</sup>

Dear Sir, <sup>9</sup>LETTER OF GUARANTEE <sup>10</sup>

The application by [name of applicant], to Labuan FSA dated [date] for an approval to carry on business as a payment system operator under the provisions of the Labuan Financial Services and Securities Act 2010/Labuan Islamic Financial Services and Securities Act 2010 [delete whichever not applicable] (hereinafter referred to as "the Act") refers.

I, being the [percentage of shareholding] shareholder of [name of applicant], do hereby irrevocably and unconditionally guarantee and undertake in respect of [name of applicant]'s Labuan [type of licence] business, that during validity of [name of applicant]'s licence and its operation in Labuan IBFC, it shall comply with the following:

- a. The financial obligations and requirements imposed under the Act on it and shall meet its liabilities in respect of its payment system business.
- b. The requirement to obtain a prior written approval from Labuan FSA for:
  - i. any change of the [name of applicant]'s shareholder who holds ten per centum or more of its paid-up capital.
  - ii. any appointment of [name of applicant]'s director, whom shall be of a fit and proper person.
  - iii. any amendment or alteration to any of [name of applicant]'s constituent documents.
- c. The requirement to immediately notify Labuan FSA of any amendment or alteration to any information which had been furnished to Labuan FSA in connection with the application for its payment system business.

I shall when so demanded in writing by Labuan FSA, on first demand, make good, meet and honour the above requirements including, but not limited to, paying such sum of money in satisfaction of such financial obligations, requirements and liabilities to the extent they are properly due in such currency as may be specified by Labuan FSA, and on the basis such payments extinguish such financial obligations, requirements and liabilities of [name of applicant].

Yours faithfully, <sup>17</sup>

[Name of shareholder]  
 [NRIC or Passport No.]

**STATUTORY DECLARATION BY SHAREHOLDER/DIRECTOR <sup>1</sup>  
ON FIT AND PROPER PERSON**

*Important: All fields are mandatory and should not be left blank <sup>2</sup>*

I/we,.....NRIC/Passport No/Company No:....., a <sup>3</sup>  
shareholder/proposed director of.....(name of the Labuan  
company), do hereby solemnly and sincerely declare that:

1. I have read Section 4 of the Labuan Financial Services and Securities Act 2010 (LFSSA)/Section 4 of the Labuan Islamic Financial Services and Securities Act 2010 (LIFSSA) and the Guidelines on Fit and Proper Person Requirements issued on 11 February 2014 (the Guidelines). <sup>4</sup>
2. to the best of my knowledge and belief in making this declaration and/or submitting the attached documents in relation to this declaration, that I am a fit and proper person based on the criteria stated under the said Section 4 of LFSSA/Section 4 of LIFSSA and the Guidelines.
3. the information given in this declaration and in the attached documents (if any) are accurate, true and complete.
4. I understand that if it is found that I have made false declaration herein and/or in the attached document (if any), Labuan FSA is entitled to take any legal action including disqualifying myself from acting in the capacity expressly mentioned herein.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the <sup>5</sup>  
provisions of the Statutory Declaration Act 1960 / other relevant provisions.

Subscribed and solemnly declared by the above <sup>6</sup>  
named .....

At ..... <sup>7</sup> .....

In the State of ..... <sup>8</sup> .....

Signature <sup>10</sup>

This ...day of .... 20.. <sup>9</sup>

Before me, <sup>11</sup>

.....  
(Commissioner for Oaths/Notary Public) <sup>12</sup>

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

I.....NRIC/Passport No:.....<sup>2</sup>  
 the .....(position in the applicant's shareholder/head office)<sup>3</sup>  
 of.....(name of the applicant's shareholder/head office), do hereby solemnly and sincerely declare that:<sup>4</sup>

1. all information submitted in this application including all attachments, forms, documents and forwarding letters are:<sup>5</sup>
  - a. submitted pursuant to the provisions of Sections 171 of the Labuan Financial Services and Securities Act 2010 (LFSSA)/Sections 136 of the Labuan Islamic Financial Services and Securities Act 2010 (LIFSSA).<sup>6</sup>
  - b. accurate, true and correct and that all estimations provided are fair and reasonable.
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.<sup>7</sup>
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/Labuan insurance manager/Labuan underwriting manager 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.<sup>8</sup>

Subscribed and solemnly declared by the above<sup>9</sup>

named .....<sup>10</sup>

At .....<sup>11</sup>

In the State of .....<sup>12</sup>

Signature <sup>16</sup>

This .....day of ..... 20.....<sup>13</sup>

Before me,<sup>14</sup>

.....  
 (Commissioner for Oaths/Notary Public) <sup>15</sup>

**STATUTORY DECLARATION BY SERVICE PROVIDER RESPONSIBLE FOR<sup>1</sup>  
SUBMISSION OF APPLICATION**

*Important: All fields are mandatory and should not be left blank* <sup>2</sup>

I, .....(name) of .....(address) NRIC/Passport No:.....<sup>3</sup>  
 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 the Labuan company) do solemnly and  
 sincerely declare that in relation to the above application:

1. I have conducted due diligence process on..... (name of director/principal officer/trust officer/other officers) and satisfied with the result thereof. <sup>4</sup>
2. I am satisfied that the requirements of all legislations and applicable guidelines including but not limited to Guidelines on Fit and Proper Person Requirements and Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities 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 <sup>5</sup>  
 provisions of the Statutory Declaration Act 1990 / other relevant provisions.

Subscribed and solemnly declared by <sup>6</sup>  
 the above named .....

At .....<sup>7</sup>  
 In the State of .....<sup>8</sup>  
 This ...day of .... 20..<sup>9</sup>

Signature <sup>12</sup>

Before me, <sup>10</sup>

.....  
 (Commissioner for Oaths/Notary Public) <sup>11</sup>