



RE-ASSESSMENT OF THE APPOINTMENT OF PRINCIPAL OFFICER ¹

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 ⁴

(Please ✓ at the appropriate box and provide reason(s)/justification(s) for any non-submission) ⁵

No.	Documents	To be completed by Applicant	For Labuan FSA use
1.	Latest Profile of Principal Officer (copy of curriculum vitae)		
2.	Certified True Copy of Passport (only applicable for non-resident of Malaysia)		
3.	Duly Completed Statutory Declaration by Principal Officer on Fit and Proper Person (as per Appendix I)		

Notes: ⁷

- 1) Where documents are not in the national language of Malaysia or in English, please provide English-translated version of the documents. duly certified/notarized. ⁸
- 2) 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.
- 3) Labuan FSA reserves the right to request for additional information and/or documents to support the application.

Officer responsible for information submission: ⁹

Signature : _____ Company : _____ ¹⁰

Name : _____ Contact No : _____ ¹¹

Designation : _____ Email : _____ ¹²

**STATUTORY DECLARATION BY DIRECTOR/PRINCIPAL OFFICER¹
ON FIT AND PROPER PERSON**

Important: All fields are mandatory and should not be left blank²

I,NRIC/Passport No:.....³

a principal officer of.....⁴

(name of the Labuan company), do hereby solemnly and sincerely declare that:⁵

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).⁶

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 provisions of the Statutory Declaration Act 1960.⁷

Subscribed and solemnly declared by the above⁸
named

At⁹

In the State of¹⁰

This ...day of 20..¹¹

.....
Signature¹²

Before me,¹³

.....
(Commissioner for Oaths/Notary Public)¹⁴