



RE-ASSESSMENT OF THE APPOINTMENT OF PRINCIPAL OFFICER

Name of Labuan Company :

Type of Licence :

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	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:

- 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.
- 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:

Signature : _____ Company : _____

Name : _____ Contact No : _____

Designation : _____ Email : _____

APPENDIX I

STATUTORY DECLARATION BY DIRECTOR/PRINCIPAL OFFICER ON FIT AND PROPER PERSON

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

I,NRIC/Passport No:.....,

a principal officer 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).
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.

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)