



## RE-ASSESSMENT OF THE APPOINTMENT OF PRINCIPAL OFFICER <sup>1</sup>

Name of Labuan Company : <sup>2</sup>

Type of Licence : <sup>3</sup>

**The duly completed checklist is to be attached as part of the documentations <sup>4</sup> submitted to Labuan FSA**

(Please √ at the appropriate box and provide reason(s)/justification(s) for any non-submission) <sup>5</sup>

No.	Documents	To be completed by Applicant	For Labuan FSA use	<sup>6</sup>
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: <sup>7</sup>

- 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. <sup>8</sup>
- 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: <sup>9</sup>

Signature : \_\_\_\_\_ Company : \_\_\_\_\_ <sup>10</sup>

Name : \_\_\_\_\_ Contact No : \_\_\_\_\_ <sup>11</sup>

Designation : \_\_\_\_\_ Email : \_\_\_\_\_ <sup>12</sup>

## APPENDIX I

### STATUTORY DECLARATION BY DIRECTOR/PRINCIPAL OFFICER <sup>1</sup> ON FIT AND PROPER PERSON

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

I, .....NRIC/Passport No:.....<sup>3</sup>

a principal officer of.....<sup>4</sup>

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

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>6</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>7</sup> provisions of the Statutory Declaration Act 1960.

Subscribed and solemnly declared by the above <sup>8</sup>  
named .....

At .....<sup>9</sup>  
In the State of .....<sup>10</sup>  
This ...day of .... 20..<sup>11</sup>

.....  
Signature <sup>12</sup>

Before me, <sup>13</sup>

.....  
(Commissioner for Oaths/Notary Public) <sup>14</sup>