

## APPLICATION FOR APPROVAL TO CONDUCT SUBSEQUENT LEASING TRANSACTION

**Name of Labuan Company :**

**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.	Diagram of leasing transaction including head lessor, where applicable		
3.	Photograph/drawing of the lease asset		
4.	Duly completed Statutory Declaration of true and correct information submitted as per Appendix II		
5.	Processing fee		

**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) The checklist serves as general requirement of the application, Labuan FSA reserves the right to request for additional information to support the application.
- 3) This document belongs to Labuan FSA, no modification or tampering with the format or its contents is permitted
- 4) Processing fee and client charter:

Type of Processing	Processing Fee	Client Charter
	USD	
Normal	350.00	15 working days
Fast Track	1,550.00	3 working days

5) 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 be notified and the fast track processing fee paid will be refunded accordingly.

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Officer responsible for information submission:

Signature : \_\_\_\_\_ Company : \_\_\_\_\_  
Name : \_\_\_\_\_ Contact No : \_\_\_\_\_  
Designation : \_\_\_\_\_ Email : \_\_\_\_\_

PARTICULARS OF THE APPLICATION					
Important: All fields are mandatory and should not be left blank					
<b>Section A: Previous Leasing Approval(s) Obtained</b>					
Approval Date (dd/mm/yy)	Lease Asset	Asset Name/ Serial Number	Commencement Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Current Status of Lease Transaction (ongoing, to be extended, terminated, expired or pending execution)
<b>Section B: Proposed Lessee</b>					
a. Name of Company					
b. Incorporation / Registration Number					
c. Date of Incorporation / Registration					
d. Place of Incorporation / Registration					
e. Issued and Paid-up Capital/Working Fund					
f. Shareholder(s)	<b>Name of Shareholder(s)</b>	<b>Country of Origin</b>	<b>Percentage of Shareholding(s)</b>		
g. Board of Director(s)	<b>Name of Director(s)</b>	<b>Nationality</b>	<b>Nature of Appointment (executive or non-executive)</b>		

PARTICULARS OF THE APPLICATION				
<i>Important: All fields are mandatory and should not be left blank</i>				
h.	Relationship with Applicant			
i.	Nature of Business			
<b>Section C: Proposed Lease Transaction</b>				
a.	Type of Lease (Please tick (✓) at the appropriate box)	<input type="checkbox"/> Operating lease	<input type="checkbox"/> Finance lease	
b.	Proposed Date of Agreement			
c.	Lease Period			
d.	Lease Rental	Amount	Payment Frequency (daily/weekly/monthly/lump sum/others)	
<b>Section D: Lease Asset</b>				
a.	Type of Asset			
b.	Name of Asset (please provide the Manufacturer Serial Number, where applicable)			
c.	Year Built (for asset under construction, please state the expected month and year of completion)			
d.	Asset Value			
e.	Insurance Policy	Insurer	Percentage	Sum Insured
f.	Place of Registry, if applicable			
g.	Type of Industry (industry where the leased asset will be utilised)			
h.	Asset Owner / Head Lessor (other than the Applicant)			

PARTICULARS OF THE APPLICATION				
Important: All fields are mandatory and should not be left blank				
i. Country of Origin of Asset Owner / Head Lessor				
j. Seller of the Lease Asset (applicable only if the Applicant is Asset Owner)				
k. Source of Fund(s) to Finance the Lease Asset (only applicable if applicant is the Asset Owner/ Proposed Asset Owner)	Financier(s)	Type of Financing	Amount	Margin of Financing (%)
l. Any Additional Information on the Lease Asset				
Section E: Three Years Financial Projection (*fill in where applicable)				
Currency:				
Statement of Comprehensive Income	Year 1	Year 2	Year 3	
Revenue				
Operating Expenses				
Operating Profit/(Loss)				
Other Income				
General and Administrative Expenses				
Income/(Loss) Before Tax				
Tax				
Income/(Loss) After Tax				
<b>Note:</b> 1. Please ensure the three years projection is realistic and reasonable. 2. Please provide basis of assumption in deriving to the projected figure. 3. The above information is a guidance for the applicant to complete the financial projection.				

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

I ..... (name) of .....(address)  
 NRIC/Passport No:.....the.....(position in the  
 Labuan company) of..... (name of the Labuan company), do hereby  
 solemnly and sincerely declare that:

1. all information submitted in this application including all attachments, forms, documents and forwarding letters are:
  - a. submitted pursuant to the provisions of Sections 90 of the Labuan Financial Services and Securities Act 2010 (LFSSA)/Sections 65 of the Labuan Islamic Financial Services and Securities Act 2010 (LIFSSA).
  - 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.
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 in Labuan 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/.....(please state any 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)