



APPLICATION FOR LICENCE TO CARRY ON LABUAN BANKING/¹ INVESTMENT BANKING/DIGITAL BANKING BUSINESS

IMPORTANT NOTES²

1. Applicant must submit a softcopy (PDF format) of the completed application form and supporting documents together with official receipt issued by Labuan FSA on the payment of processing fee via email to bplicensing@labuanfsa.gov.my. Hardcopy of the application shall **ONLY** be submitted upon received notification (by email from Authorisation and Licensing Unit (ALU)) to the following address:

Head of Authorisation and Licensing Unit⁴
Labuan Financial Services Authority⁵
Level 17, Main Office Tower⁶
Financial Park Complex⁷
Jalan Merdeka⁸
87000 Labuan F.T.⁹
Malaysia¹⁰
2. Processing fee must be made through Labuan FSA e-payment system (LEPAY: <https://lepay.labuanfsa.gov.my>). The application without payment of processing fee is not acceptable and will be returned immediately. However, for fast track application, the payment of processing and fast track fees shall be made upon acceptance of fast track application by Labuan FSA.
3. Application which is handwritten, incomplete without official payment receipt and not in accordance to the requirements of the form and checklist will not be accepted.
4. Upon acceptance of application, Labuan FSA reserves the right to return the application based on the following circumstances and the processing fee is forfeited:
 - (a) Submission of application which does not comply with Labuan FSA's requirements¹² including the legislation and guidelines.
 - (b) Unsatisfactory of documents and information upon reviewed by Labuan FSA.
 - (c) Any non-disclosure of information or submission of forged documents.
5. Full and accurate disclosure of documents and information is essential to the due processing of the application. Failure to do so constitutes as a criminal offense and can lead to Labuan FSA reject an application or take necessary action against the applicant.
6. The form and supporting documents serve as general requirement of the application, Labuan FSA reserves the right to request for additional information and/or documents to support the application.
7. 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.
8. 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. Where documents are not in the national language of Malaysia or in English, please provide English-translated version of the documents, duly certified/notarized.

IMPORTANT NOTES ¹

9. This document belongs to Labuan FSA, no modification or tampering with the format or its contents is permitted. ²
10. 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.
11. For details of applicable legislations and guidelines pertaining to banking business, please visit our website at www.labuanfsa.gov.my.
12. The processing fee and the client charter as below:

Type of Processing	Processing fee	Client Charter
	USD	
Normal	350	30 working days upon acceptance of complete information and documents
Fast Track	1,200 + 350 (subject to the terms and conditions of fast track as below)	15 working days upon acceptance of complete information and documents

Please note that the processing time may vary depending on the following factors such ⁴ as:

- (a) The quality and completeness of the applications; ⁵
- (b) The quality of the supporting documents;
- (c) Subsequent changes made to the application concerning, business plan, substantial shareholders, responsible officers and management in control;
- (d) The time taken for other regulatory bodies to respond to ALU's vetting requests, if applicable;
- (e) Applicant response time to provide any further information requested during the assessment process; and
- (f) The number of applications ALU is processing at any particular time.

Terms and Conditions of Fast Track Request ⁶

13. Any request for fast track processing shall be made during the submission of application through email to bplicensing@labuanfsa.gov.my. Labuan FSA will not consider any request for fast track processing upon complete submission and acceptance of application through normal processing. ⁷
14. Labuan FSA reserves the right to accept or decline any fast track request within seven (7) working days from the date of acknowledgement by Labuan FSA.
15. The client charter for fast track processing shall only commence upon compliance with all ⁸ of the following:
- (a) Submission of complete application; ⁹
 - (b) Acceptance by Labuan FSA of the fast track request; and
 - (c) Submission of official receipt for the payment of fast track processing fee.
16. Payment of fast track shall be made together with normal processing fee upon acceptance of fast track request. The fast track processing fee will be forfeited should the applicant decide to withdraw after the fast track request has been accepted by Labuan FSA. ¹⁰
17. 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 fee paid will be refunded accordingly.

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

1.	<p>Party responsible for submission of application¹</p> <p><input type="checkbox"/> Applicant's Shareholder/Head Office</p> <p><input type="checkbox"/> Labuan Trust Company</p> <p><input type="checkbox"/> Others service provider excluding individual: _____ <i>(please specify)</i></p>	
2.	<p>Officer responsible for submission of application</p> <p>Name : _____ Company : _____</p> <p>Designation : _____ Contact No. : _____</p> <p>Email : _____ Signature : _____</p> <p>Date : _____</p>	
3.	<p>How do you know about Labuan IBFC</p> <p><input type="checkbox"/> Website <input type="checkbox"/> Newspaper/Media</p> <p><input type="checkbox"/> Previous Experience <input type="checkbox"/> Business Referral</p> <p><input type="checkbox"/> Labuan Trust Company <input type="checkbox"/> Labuan IBFC Inc. Sdn. Bhd.²</p> <p><input type="checkbox"/> Others: _____ <i>(please specify)</i></p>	
4.	<p>Consent for disclosure of information to be used for marketing/promotional purposes by Labuan FSA and Labuan IBFC Inc. Sdn. Bhd.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

¹ With the exception of the applicant's shareholder/head office, the party responsible for submission of application is required to submit the duly completed Statutory Declaration as attached in Appendix IV.

² 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 FOR LICENCE TO CARRY ON LABUAN BANKING/ 1
INVESTMENT BANKING/DIGITAL BANKING BUSINESS**

Sections 86 and 87, Labuan Financial Services and Securities Act 2010 2
Sections 63 and 64, Labuan Islamic Financial Services and Securities Act 2010 3

APPLICATION CHECKLIST

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

No	Documents	For Applicant	For Labuan FSA
Processing Fee			
1.	Processing fee of USD350 (normal processing) or USD1,550 (fast track processing upon acceptance by Labuan FSA). To provide official payment receipt generated from LEPAY as proof of payment.	<input type="checkbox"/>	<input type="checkbox"/>
Part II of the Form: Corporate Shareholder(s)			
1.	a) Detailed information of applicant's shareholder(s) or head office: Group corporate shareholding structure refers to subsidiaries/branches and other related companies. The information required may include the name of company, principal activities, country of origin, type of licence and the name of the regulator of each regulated entity (if any). b) Diagram of corporate group structure including the applicant. c) Certified true copy of the certificate of incorporation	<input type="checkbox"/>	<input type="checkbox"/>
	d) Certified true copy of the certificate of licence granted by the relevant authority(s) in its home country (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	e) Letter of awareness or approvals of authorities from the home country, which includes ³ but is not limited to the following: (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 in good financial standing. (iii) Agreement to co-operate in the supervision of the proposed subsidiary or branch in Labuan in terms of Insurance Core Principles issued by Basel core principal or other applicable regulatory standards.	<input type="checkbox"/>	<input type="checkbox"/>
	f) Certified true copy of board resolution or minutes of general meeting which approved the setting up of the applicant	<input type="checkbox"/>	<input type="checkbox"/>
	g) Certified true copy of memorandum & articles of association on the objective	<input type="checkbox"/>	<input type="checkbox"/>
	h) Copy of three (3) years of audited financial statements/annual reports	<input type="checkbox"/>	<input type="checkbox"/>
	i) Statutory Declaration by Corporate Shareholder on Fit and Proper Person as per Appendix I	<input type="checkbox"/>	<input type="checkbox"/>
Part III of the Form: Director(s)/Principal Officer/Shariah Advisor			
1.	Certified true copy of NRIC (Malaysian) or passport (non-Malaysian)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Certified true copy of relevant academic and professional certificates	<input type="checkbox"/>	<input type="checkbox"/>
3.	Two (2) original character reference letters from institutions and/or professional bodies duly addressed to Labuan Financial Services Authority dated not more than one (1) year from the date of application.	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Not applicable for appointment within the group of companies for corporate shareholder)</i>			

³ This is applicable for applicant who are regulated by its home supervisory authority

APPLICATION CHECKLIST

(Please tick 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 Director/Principal Officer on Fit and Proper Person as per Appendix II .	<input type="checkbox"/>	<input type="checkbox"/>
5.	Solvency Report from e-solvency of Malaysia Insolvency Department (https://e-insolvensi.mdi.gov.my/) dated not more than three (3) months from the date of application.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Enhance Due Diligence report from the trust company or service provider, if applicable. For director(s)/principal officer who is PEP/originate from high-risk jurisdiction or jurisdiction with strategic deficiencies under Financial Action Task Force (FATF), to submit the following:</p> <ul style="list-style-type: none"> (i) Enhance Due Diligence report as prescribed under Guidelines on Anti-Money Laundering, Countering Financing of Terrorism, Countering Proliferation Financing and Targeted Financial Sanctions for Labuan Key Reporting Institutions from the trust company/service provider; and (ii) Letter/Statement of Good Conduct issued by relevant government agencies (for non-Malaysian only). 	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: Particulars of the Application

1.	Proposed organisation chart of the applicant	<input type="checkbox"/>	<input type="checkbox"/>
2.	Declaration of True and Correct Information Submitted as per Appendix III .	<input type="checkbox"/>	<input type="checkbox"/>
3.	Statutory Declaration by Services Provider Responsible for Submission of Application as per Appendix IV .	<input type="checkbox"/>	<input type="checkbox"/>
4.	Comprehensive Business Plan	<input type="checkbox"/>	<input type="checkbox"/>

Part V: Additional Documents for Digital Banking Licence

1.	Draft framework or policies of the following: <ul style="list-style-type: none"> i) IT Governance; ii) Cybersecurity; and iii) Online onboarding processes and systems (e-KYC) 	<input type="checkbox"/>	<input type="checkbox"/>
2.	Draft exit plan to ensure proper market exit without disrupting the customers and the financial system. The exit plan should cover at least matters relating to the circumstances which the plan will be triggered, the channels to be used to repay depositors and the source of funding to make the payments.	<input type="checkbox"/>	<input type="checkbox"/>
3.	White Paper (only applicable for digital financial services)	<input type="checkbox"/>	<input type="checkbox"/>

PART I: PROFILE OF APPLICANT*Important: All fields are mandatory and should not be left blank*

a. Name of Applicant <i>(Refers to the proposed Labuan company)</i>			
b. Type of Licence Applied <i>(Please tick the appropriate box)</i>	<input type="checkbox"/> Conventional	<input type="checkbox"/> Islamic	<input type="checkbox"/> Conventional with Islamic banking window
<p><i>Please select the regulated activities to be undertaken:</i></p> <input type="checkbox"/> Labuan Bank <input type="checkbox"/> Labuan Investment Bank <input type="checkbox"/> Labuan Digital Bank			
c. Nature of Legal Entity <i>(Please tick the appropriate box)</i>	<input type="checkbox"/> Labuan Company		
	<input type="checkbox"/> Foreign Labuan Company - Branch		
	<input type="checkbox"/> Branch of Malaysian bank		
d. Marketing Office to be Established	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Proposed Paid-up Capital/Working Fund <i>(Please specify currency used)</i>			
f. Proposed Seed Capital for Islamic Banking Window <i>(Please specify currency used)</i>			
g. Source of Funds to Capitalise the Company and Support the Operations <i>(As defined under AML/CFT)</i>			
h. Proposed Shareholder(s) <i>(Each of shareholder is required to complete Part II)</i>	Name of Shareholder(s)	Country of Origin	Percentage of Shareholding(s)
i. Proposed Directors ⁴ / Principal Officer <i>(Each of Director/ Principal Officer is required to complete Part III)</i>	Name of Directors/ Resident Director	Nationality	Nature of Appointment <i>(Executive or Non-Executive)</i>

⁴ The number of proposed directors must be in accordance to the Guidelines on Corporate Governance for Labuan Banks and Labuan (Re) Insurers and Prudential Framework of Corporate Governance for Labuan Insurance and Insurance-Related Companies, where applicable.

PART I: PROFILE OF APPLICANT
Important: All fields are mandatory and should not be left blank

	Name of Principal Officer		Nationality
j. Proposed Shariah Advisor(s) <i>(Each of Shariah Advisor is required to complete Part IV)(If applicable)</i>	Name of Advisor(s)	Nationality	Years of Experience in Islamic Financial Business

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. Contact Details of the Home Supervisory Authority	Name of Contact Person: Designation: Email Address:		
i. Shareholder(s) <i>(Please provide full name as per incorporation name/identity card)</i> <i>Note:</i> <i>If the proposed shareholder(s) is public listed company, please provide top 10 shareholder)</i>	Name of Shareholder(s)	Country of Origin	Percentage of Shareholding(s)
j. Board of Director(s) <i>(Please provide full name as per Identity card/passport)</i>	Name of Director(s)	Nationality	Nature of Appointment (Executive or Non-Executive)
k. Credit Rating, if applicable <i>(Please provide the latest credit rating)</i>	Agency	Rating	Date
l. Other Information	<p>Please confirm whether the corporate shareholder has ever applied, in the midst of applying or rejected by other authority(s) to transact banking business or other regulated business activity in any other jurisdiction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide direct and indirect shareholder until Ultimate Beneficial Owner in the form of diagram which include the name and percentage.</p>		

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

	<p>Please confirm whether the corporate shareholder has ever been revoked any licence, membership, authorisation, registration or other permission granted by other authority(s) or government body(s) in Malaysia or overseas.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the details.</p> <p>Please confirm whether the corporate shareholder(s) and its related companies has any adverse comment including breach of any regulation by respective home authority(s).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the details.</p>
m. Any Other Information Relevant for Consideration of the Application	

PART III: PROFILE OF PROPOSED DIRECTOR(S)/PRINCIPAL OFFICER/SHARIAH ADVISOR(S)
Important: All fields are mandatory and should not be left blank

a. Position to be held	
b. Salutation	
c. Name (as per NRIC/ passport)	<input type="checkbox"/> Please tick if the individual is a PEP/originate from high-risk jurisdiction or jurisdiction with strategic deficiencies under FATF
d. Previous Name (If applicable)	Full Name: Date of Change: Click here to enter a date. Reason for Change:
e. Date and Place of Birth	Date of Birth: Click here to enter a date. Place of Birth:
f. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
g. Nationality	
h. NRIC Details (for Malaysian)	Old IC No.: NRIC No.:
i. Passport Details (for Non-Malaysian)	Passport No.: Expiry Date: Click here to enter a date. Country of Issue: Issuing Authority: Length of residence in Malaysia:

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

1

	Any work permit applied prior to this application:	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please provide certified true copy of the work permit)

j. Curriculum Vitae of Director/Principal Officer/Shariah Advisor

Section A: Education(s)*Note: Please add additional table for additional education(s)*

No.	Type of Qualification/Certification	Name of College/University/Others	Year Qualification Obtained

Section B: Professional Qualification(s)*Note: Please add additional table for additional qualification(s)*

No.	Type of Qualification/Certification	Name of Institution	Year Qualification Obtained

Section C: Membership of Professional Body(s)*Note: Please add additional table for additional membership(s) and ensure the membership is still valid*

No.	Type and Details of Membership	Name of Institution	Year Membership Obtained

Section D: Past and Current Work Experience(s)*Note: Please add additional table for additional experience(s)*

No.	Date of Employment (dd/mm/yy)		Name of Employer ⁵ (Full Name)	Employer's Principal Activity	Designation	Key Areas of Responsibilities / Achievements
	From	To				

Section E: Directorship Held in Other Company(s)*Note: Please add additional table for additional directorship(s)*

No.	Name of Corporation	Place of Incorporation	Date of Appointment (dd/mm/yy)	Nature of Appointment (Executive or Non-Executive)

Section F: Equity Interest held in other company(s)*(All entities including licensed and regulated entities)**Note: Please add additional table if applicable*

No.	Name of Corporation	Place of Incorporation	Equity Interest Held (%)	Principal Activity	Home Authority (if applicable)

⁵ If the position applied for requires approval from relevant authority, please give detail of the approving authority (applicable to current employment only).

Section F: Equity Interest held in other company(s)

(All entities including licensed and regulated entities)

Note: Please add additional table if applicable

No.	Name of Corporation	Place of Incorporation	Equity Interest Held (%)	Principal Activity	Home Authority (if applicable)

1

PART IV: PARTICULARS OF THE APPLICATION

2

Section A: Three (3) Years Business Plan**Notes:**

The information of the proposed business plan must include all facts and circumstances that would facilitate a reasonable assessment by Labuan FSA and shall contain the following information

Objective

- a. • Reason for the applicant to apply for a bank/investment bank licence in Labuan.
- Advantage of setting up a bank/investment bank in Labuan.
- Business strategies for long-term strategy and expansion plans.
- The nature and scale of the business.
- The value added of the licence to the group of companies.

Industry Overview

- b. • Describe the proposed industry(s) to be served.
- Economic characteristics of the industry including any anticipated changes in the economy or market.
- Factors influencing such changes and probable positive or negative impact on the institution.

Product and Services

- c. • Describe the type of product and services by the bank/investment bank.
- Explain the type of account and service to be provided including the fee structure.
- Any online and mobile banking facility to be offered.
- Type of lending products to be offered (if any). Please explain each of the proposed of the products.

Core Banking System

- d. • Briefly explain the core banking system and its features.
- To indicate whether the system is to be developed in-house or leveraged on parent company/head office/third party.

Target Market

- e. • Describe the categories of clients i.e. Retail clients, Institutional clients, High net worth clients or others (please specify).
- List of the targeted country and its percentage.
- Describe the rationale for targeting clients from the specific countries.

Notes:

For proposed dealing with Malaysian resident, the applicant must indicate the list of activities that are allowed under the Capital Market and Services Act 2007 by the Securities Commission of Malaysia and Foreign Administration Rules issued by Central Bank of Malaysia)

Marketing Strategy

- f. • Describe the methods of solicitation and sources of business i.e. website, social media, business referral, introducing broker.
- Will the company set up its own website or leverage its group's website for account opening and client trade. For group leverage, please explain.
- Type of advertising/marketing materials to be used by the company.
- Functional structure of marketing office (if applicable).

Governance Structure

- g. • Please provide board and committee structure including proposed names of members.
- Overview of the intended structure, resources, responsibilities and reporting lines for credit, risk and compliance and audit committees.
- For application to be established as a branch, please provide the governance structure of head office level.

Risk Management and Internal Control

- h. • Risk management framework including procedures relating to internal audit, internal controls, cyber-security etc.

PART IV: PARTICULARS OF THE APPLICATION 1

- Business risks and how the company intend to manage those risks.
- Business continuity plan and procedures, including details of any third-party involvement.

Operational Structure

- Describe each of the proposed banking functions/activities to be carried the Labuan operational office.
- If the applicant intends to outsource banking functions, please provide the following:
 - List of outsourcing functions.
 - Name of the service provider and indicate whether it is a related entity or external party.
 - Include in the organisation structure on the proposed outsourcing functions.
 - How the proposed outsourcing functions can support its banking/investment activities.

Notes:

The information provided in this section is part of documents and information for banking/investment banking licence. The applicant still required to apply for separate approval from Labuan FSA on the outsourcing arrangement. Please refer to the Guidelines on External Service Arrangements for Labuan Financial Institutions on the requirement of outsourcing arrangement.

Anti-Money Laundering and Counter-Terrorism Financing Framework

- What are the KYC requirements for potential client.
- Explain the verification process for on boarding of new client.
- Describe the risk assessment of high risk client and PEP.
- The processes for monitoring the client transaction.

Manpower planning and operational office

- Organizational structure.
- Proposed location of office in Labuan.
- Information of key personnel.
- Proposed three (3) Years Manpower Planning based on the following format:

k.	Category	Labuan		Marketing Office		Total
		Malaysian	Non-Malaysian	Malaysian	Non-Malaysian	
	(a) Managerial & Professional					
	(b) Technical & Supervisory					
	(c) Production / Operation Workers - Skilled - Unskilled					
	(d) Clerical & General Workers					
	Total (a)+(b)+(c)+(d)					

Additional Information for Applicant Who Undertake Digital Financial Services

Delivery Channel

- a. Describe how the proposed digital bank intends to deliver or distribute its products or services to customers.

Information Technology (IT) and Cyber Risks

- b. Explain policies and controls on technology related, especially information security, system resilience and business continuity management including online client on boarding and electronic KYC modules.

Proposed IT personnel

- c. Provide an overview of the manpower planning for IT personnel including their brief profile and experience.

Outsourcing Arrangement for IT

If the digital bank intends to outsource the cloud Services to a the third party, please explain the following:

- Profile of cloud vendors that the proposed digital bank intend to engage.
- Which delivery models intend to be used i.e. Software as a Service, Platform as a Service and Infrastructure as a Service.
- What is the governance and oversight of cloud arrangements with third party.

Exit Plan Strategy

- Ensure proper market exit without disrupt the customers and the financial system.
- The exit plan should cover at least matters relating to the circumstances which the plan will be triggered.
- The channels to be used to repay depositors and source of funding to make the payments.

PART IV: PARTICULARS OF THE APPLICATION

Three (3) Years Financial Projection

Financial Resource

- f.
- Describe the amount and source of initial funds to capitalise the paid-up capital.
 - Describe plans for financing growth, internally or externally, over the first three (3) years of operation.
 - Describe what sources of additional funds are available should the need arise.

Financial Projection

- g.
- Please ensure the three (3) years projection is realistic and reasonable.
 - Please provide the basis of assumption in deriving the projected figure.
 - The below information is a guidance for the applicant to complete the financial projection and may add additional items if required.
 - For the Islamic banking window, please provide a separate financial projection.
 - To provide the proposed three (3) years financial projection using the following format:

Statement of Comprehensive Income	Year 1	Year 2	Year 3
	[Type of Currency]		
Interest income			
Interest expense			
Net Interest Income			
Other operating income (fee and commission from advisory services)			
gain in investment			
Net foreign exchange gain/loss			
General, administration and operating expenses			
Profit before taxation			
Tax expenses			
Net profit			
Statement of Financial Position	Year 1	Year 2	Year 3
	[Type of Currency]		
ASSETS			
Non-current assets			
Current assets			
Total Assets			
LIABILITIES			
Long term liabilities			
Short term liabilities			
Total Liabilities			
SHAREHOLDERS' FUNDS / HEAD OFFICE ACCOUNT			
Head office account / paid up capital			
Retained profits / accumulated losses			
Other reserves			
Total Shareholders' Funds / Head Office Account			

**STATUTORY DECLARATION BY CORPORATE SHAREHOLDER ¹
ON FIT AND PROPER PERSON ²**

Important: All fields are mandatory and should not be left blank ³

I, (name of authorised representative/on behalf of the shareholder ⁴ company/head office), of NRIC/Passport No:, the (position in the company/head office. Consent should be given by the director/CEO who is responsible of the management of the company) of..... (name of the shareholder company/head office), 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). ⁵
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 (name of the shareholder company/head office) is 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 ⁶ the Statutory Declaration Act 1960/..... (please state any other relevant provisions).

Subscribed and solemnly declared by the above ⁷ named

At ⁸

In the State of ⁹

This ...day of 20..... ¹⁰

.....
Signature

Before me, ¹¹

.....
(Commissioner for Oaths/Notary Public) ¹²

STATUTORY DECLARATION BY DIRECTOR/PRINCIPAL OFFICER ¹**ON FIT AND PROPER PERSON ²*****Important: All fields are mandatory and should not be left blank ³***

I, NRIC/Passport No: a proposed ⁴ director/principal officer of (name of the Labuan company), do hereby solemnly and ⁵ 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). 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 ⁷ the Statutory Declaration Act 1960/..... (please state any other relevant provisions).

Subscribed and solemnly declared by the above ⁸ named

At ⁹

.....

In the State of ¹⁰

Signature

This ...day of 20..... ¹¹

Before me, ¹²

..... ¹³
(Commissioner for Oaths/Notary Public) ¹⁴

DECLARATION BY THE APPLICANT ON THE TRUE AND CORRECT INFORMATION SUBMITTED 1*Important: All fields are mandatory and should not be left blank* 2

I, NRIC/Passport No: 3
 the (position in the shareholder company/head office) of 4
 (name of the shareholder company/head office), do hereby solemnly and
 sincerely declare that-

1. All information submitted in this application including all attachments, forms, documents and forwarding letters are: 5

a. submitted pursuant to the provisions of Sections 86 and 87 of the Labuan Financial Services and Securities Act 2010 (LFSSA)/Sections 63 and 64 of the Labuan Islamic Financial Services and Securities Act 2010 (LIFSSA). 6

b. accurate, true and correct and that all estimations provided are fair and reasonable.

2. I am aware that it is an offence punishable under Section 192 of the LFSSA/Section 152 of the LIFSSA if I 7 commit any of the following –

a. wilfully or recklessly makes a misrepresentation in any document or material or records to be filed, supplied or delivered under LFSSA or LIFSSA; or 8

b. makes any statement or gives any information or documents required under LFSSA or LIFSSA which is false or misleading in a material particular; or

c. being in charge of, or having alone or with another or others possession of or control over, any information, records, books or other documents referred to in the provisions of LFSSA or LIFSSA, refuses or wilfully neglects to comply with any lawful direction given under such provisions.

3. A printed signed copy of this application which reflects the same information provided in this application is 9 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/..... (please state any other relevant provisions). 10

Subscribed and solemnly declared by the above 11

named 12

At 13

In the State of 14

Signature 18

This day of 20..... 15

Before me, 16

.....
 (Commissioner for Oaths/Notary Public) 17

**STATUTORY DECLARATION BY SERVICE PROVIDER RESPONSIBLE FOR ¹
SUBMISSION OF APPLICATION**

Important: All fields are mandatory and should not be left blank ²

I, (name) of (address) NRIC/Passport No: the ³
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 applicant) do solemnly and sincerely declare that in relation to the
above application:

1. I have conducted due diligence process on (name of applicant) and on its director(s)
and shareholder(s) and other persons or companies that involved and related to the application and satisfied
that there is no adverse report against any of them related to legitimacy of the business structure, fitness and
properness of the person, and money laundering or terrorism financing.

2. I am satisfied that the business structure of (name of applicant) falls within the scope
of Labuan banking/investment banking business under Part VI of the Labuan Financial Services and
Securities Act 2010/Labuan Islamic banking/Labuan Islamic Investment banking activities under Part VI of
the Labuan Islamic Financial Services and Securities Act 2010. (To delete whichever is not necessary)

3. I am satisfied that the requirements of all laws and applicable guidelines including but not limited to Guidelines
on Fit and Proper Person Requirements and 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 provisions of ⁴
the Statutory Declaration Act 1960/..... (please state any other relevant
provisions).

Subscribed and solemnly declared by ⁵
the above named

At ⁶

In the State of ⁷

This ...day of 20..... ⁸

Signature

Before me, ⁹

.....
(Commissioner for Oaths/Notary Public) ¹⁰