|  |  |  |
| --- | --- | --- |
| SECURITIES AND FUTURES ACT  (Cap. 289)    SECURITIES AND FUTURES  (LICENSING AND CONDUCT OF BUSINESS)  REGULATIONS (Rg 10)    **NOTICE OF CHANGE OF PARTICULARS LODGED**  **PURSUANT TO REGULATION 14(4) BY A PERSON**  **EXEMPTED FROM HOLDING A CAPITAL MARKETS**  **SERVICES LICENCE UNDER SECTION 99(1) (a), (b), (c) AND (d)** |  | FORM  **27** |

*Explanatory Notes*

1. Please read the explanatory notes and questions carefully before completing and lodging the notification form (“Form”) with the Monetary Authority of Singapore (“the Authority”).
2. In this Form, “exempt financial institution” refers to a person exempt from holding a capital markets services licence under section 99(1)(a), (b), (c), or (d) of the Securities and Futures Act (Cap. 289) (“the Act”).
3. All questions must be answered and all fields must be filled. If a question or field is not applicable, please mark “N.A.” in the space provided.
4. This Form should be accompanied by a scanned or pdf copy of the exempt financial institution’s declaration in Section II when submitting this Form electronically. The Declaration must be signed by either the chief executive officer, a director or the corporate secretary of the exempt financial institution.
5. Form 27 should be lodged online via [FormSG](https://form.gov.sg/6360cfbdf4c8c70011c11483). After submission, FIs may view a record of their submission by logging into [[MAS-Tx](https://eservices.mas.gov.sg/mastx/login)](https://eservices.mas.gov.sg/mastx/login).

# INFORMATION ON EXEMPT FINANCIAL INSTITUTION

|  |  |
| --- | --- |
| Name of exempt financial institution | Click or tap here to enter text. |

(If its name has been changed, state the name as previously furnished to the Authority)

Notice is hereby given that, with effect from Click or tap to enter a date. (DD/MM/YY), the following particulars of the abovementioned exempt financial institution have been changed.

**Note: Only those particulars which have been changed since the date such particulars were last furnished to the Authority need to be stated.**

|  |  |
| --- | --- |
| Name of exempt financial institution | Click or tap here to enter text. |
| Principal address where the business operates | Click or tap here to enter text. |
| Telephone number/fax number | Click or tap here to enter text. |
| URL of webpage (if any) | Click or tap here to enter text. |
| E-mail address | Click or tap here to enter text. |
| Financial year end | Click or tap here to enter text. |

Please indicate the status of the exempt financial institution:

a bank licensed under the Banking Act (Cap.19)

a merchant bank approved as a financial institution under the Monetary Authority of Singapore Act (Cap. 186) in respect of any regulated activity which it is approved to carry out under that Act

a finance company licensed under the Finance Companies Act (Cap. 108) in respect of any regulated activity that is not prohibited by that Act or for which an exemption from section 25(2) of that Act has been granted

a company, or co-operative society licensed under the Insurance Act (Cap.142) in respect of fund management for the purpose of carrying out insurance business

# DECLARATION

**[****Attach a scanned or pdf copy of this Declaration when submitting this Form electronically. The Declaration must be signed by either the chief executive officer, a director or the corporate secretary of the exempt financial institution. Electronic signatures may be provided in lieu of physical signatures.]**

I am fully aware that sections 329(1), (3) and (4) of the Act provides as follows:

|  |
| --- |
| “ANY PERSON WHO FURNISHES THE AUTHORITY WITH ANY INFORMATION UNDER OR FOR THE PURPOSES OF ANY PROVISION OF THIS ACT SHALL USE DUE CARE TO ENSURE THAT THE INFORMATION IS NOT FALSE OR MISLEADING IN ANY MATERIAL PARTICULAR.  ANY PERSON WHO –   1. SIGNS ANY DOCUMENT LODGED WITH THE AUTHORITY; OR 2. LODGES WITH THE AUTHORITY ANY DOCUMENT BY ELECTRONIC MEANS USING ANY IDENTIFICATION OR IDENTIFYING CODE, PASSWORD OR OTHER AUTHENTICATION METHOD OR PROCEDURE ASSIGNED TO HIM BY THE AUTHORITY,   SHALL USE DUE CARE TO ENSURE THAT THE DOCUMENT IS NOT FALSE OR MISLEADING IN ANY MATERIAL PARTICULAR.    ANY PERSON WHO CONTRAVENES SUBSECTION (1) SHALL BE GUILTY OF AN OFFENCE AND SHALL BE LIABLE ON CONVICTION TO A FINE NOT EXCEEDING $50,000 OR TO IMPRISONMENT FOR A TERM NOT EXCEEDING 2 YEARS OR TO BOTH.” |

I am fully aware that under section 99(6) of the Act, the Authority may withdraw the exemption granted to any person under section 99 of the Act.

I declare that all information given in this Form, including all supporting documents and attachments, is true and correct.

|  |  |  |
| --- | --- | --- |
| Signature | : |  |
| Name | : | Click or tap here to enter text. |
| Designation | : | Choose an item. |
| Date | : | Click or tap to enter a date.(DD/MM/YY) |