

**APPLICATION FORM
FOR FINANCIAL ADVISER'S LICENCE
UNDER SECTION 17 OF THE INSURANCE ACT 1996**

I.	INFORMATION ON APPLICANT	
1.	Name of applicant	
2.	Registered office address Telephone number (s) Fax number E-mail address Website address (if any)	
3.	Date and place of incorporation	
4.	Principal activities of applicant	
5.	Date of licence first issued	
6.	Expiry date of last licence	
7.	Financial year end of applicant	
8.	Share capital (as at date of application): (a) <i>Authorised (RM)</i> (b) <i>Paid-up (RM)</i>	 <hr/> <hr/>

9.	Shareholding structure (as at date of application)						
	<i>Name of shareholders</i>	<i>Number of shares</i>	<i>Amount (RM)</i>	<i>% of shareholding^{1/}</i>			
	A. <u>Malaysians</u>						
	Bumiputera						
	(i)						
	(ii)						
	Sub-total						
	Non-Bumiputera						
	(i)						
	(ii)						
	Sub-total						
	B. <u>Non-Malaysians</u>						
	(i)						
	(ii)						
	Sub-total						
	Total						
1/ Where a shareholder of the applicant listed above is holding 5% or more of the voting shares, please provide additional information as per Appendix A.							
10.	Board members (as at date of application)						
	<i>Name of director</i>	<i>Designation^{2/}</i>	<i>Date of appointment</i>	<i>Representing the interest of</i>			
	(i)						
	(ii)						
	(iii)						
	(iv)						
	(v)						
2/ Whether as chairman, executive director, non-executive director, independent or non-independent director.							
11.	Management team (please attach separate sheet)						
12.	Composition of employee (as at date of application)						
		<i>Senior management</i>	<i>Supervisory staff</i>	<i>Clerical staff</i>	<i>Other staff</i>	<i>Total</i>	<i>%</i>
	A. <u>Malaysians</u>						
	Bumiputera						
	Chinese						
	Indian						
	Others						
	Sub-total						
	B. <u>Non-Malaysians</u>						
	Sub-total						
	Total						

13.	External auditor:				
(i)	Name of audit firm:		<input type="checkbox"/> No <input type="checkbox"/> Yes, please state reasons _____ _____		
(ii)	Address:				
(iii)	Date of appointment:				
(iv)	Any change of audit firm for the past 5 years				
14.	Professional indemnity insurance coverage ^{3/}				
(i)	Name of insurer:				
(ii)	Amount of cover:				
(iii)	Details of deductible:				
(iv)	Period of cover:				
^{3/} To provide a copy of the professional indemnity insurance coverage.					
15.	Branch office				
(i)	<u>Location</u>		<u>Address</u>		
(ii)					
(iii)					
II.	INFORMATION ON FINANCIAL ADVISER'S REPRESENTATIVES				
1.	List of approved representatives				
	Name	I.C. no. (old and new)	Update on academic and professional qualifications (to indicate yes or no) Please refer to Note 1.	Date of approval by the Bank	Date of appointment
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					
(vii)					

Note 1.

Additional qualifications attained or courses attended by financial adviser's representatives (please use separate attachment if needed)

	Name of financial adviser's representatives	Additional qualifications		Continuous Professional Development programme			
		Qualifications achieved	Date qualification attained	Course name	Provider	Date attended	No. of points
(i)							
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							

III. COMPANY'S DECLARATION

On behalf of the company _____,
 I _____ (*I.C./passport no.: _____)
 declare that all information given in this application and in the attached annexure(s) (if any) are true, correct and complete. With this, the application pursuant to section 17 of the Insurance Act 1996 is submitted for the consideration of Bank Negara Malaysia.

Signature

Name:
 Designation: Chief Executive Officer
 Date:

Signature

Name:
 Designation: Chairman
 Date:

* delete whichever not applicable.

Appendix A

I.	ADDITIONAL INFORMATION ON INDIVIDUAL SHAREHOLDER			
1.	Name			
2.	Residential address Telephone number E-mail address (if any)	Home:	Office:	
3.	Date of birth (dd/mm/yy)			
4.	Place of birth			
5.	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
6.	Nationality			
7.	Identity card no.	Old:	New:	
8.	Passport no. (for Non-Malaysian)			
9.	Academic and professional qualifications attained by shareholder			
	Name of Institute/ Professional Body and location	Country	Qualification	Year obtained
	(i)			
	(ii)			
	(iii)			
(iv)				
(v)				

10.	Shareholder's employment history during the past 10 years				
(i) (ii) (iii) (iv) (v)	Name and address of employer (if self-employed, state so)	Nature of business of employer	Designation and department	Period (mm/yy)	
				From	To
11.	Directorship held by shareholder				
(i) (ii) (iii) (iv) (v)	Name of corporation and place of incorporation	Nature of business	Directorship (executive/non-executive)	Date of appointment	Percentage shareholding in corporation
II.	ADDITIONAL INFORMATION ON CORPORATE SHAREHOLDER				
(i) (ii) (iii) (iv)	Name of shareholders	Place of incorporation (if applicable)	Nature of business (if applicable)	No. of shares held	% of shares held
	<p>Signature : _____</p> <p>Name : _____</p> <p>Designation: _____</p> <p>Date : _____</p>				