



Registration Form to Carry on Adjusting Business

1.	Name of company																			
2.	Date of incorporation																			
3.	Principal place of business	(Please provide office address, telephone no., fax. no and e-mail address)																		
4.	Authorised Capital																			
5.	Paid-up Capital																			
6.	Listing of shareholders	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of shareholders</th> <th style="width: 30%;">% Shareholding</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			Name of shareholders	% Shareholding														
Name of shareholders	% Shareholding																			
7.	Listing of Directors	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> <th style="width: 30%;">Shareholders represented (if applicable)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> <ul style="list-style-type: none"> - Chairman - Executive - Non-executive - Independent </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Designation	Shareholders represented (if applicable)		<ul style="list-style-type: none"> - Chairman - Executive - Non-executive - Independent 											
Name	Designation	Shareholders represented (if applicable)																		
	<ul style="list-style-type: none"> - Chairman - Executive - Non-executive - Independent 																			
8.	List and particulars of staff involved in adjusting work	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 15%;">I/C No.</th> <th style="width: 40%;">Qualifications</th> <th style="width: 20%;">Years of experience</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>2.</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>3.</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name	I/C No.	Qualifications	Years of experience	1.				2.				3.			
Name	I/C No.	Qualifications	Years of experience																	
1.																				
2.																				
3.																				
9.	Name of external auditor and engagement partner																			
10.	Date of the proposed commencement of the adjusting business																			
11.	Contact detail of senior officers for purpose of correspondence	(Please provide name, designation, telephone no. and e-mail address)																		

12. **Declaration:**

On behalf of the company _____, I _____ (I/C or passport no.: _____), (Designation: Chief Executive Officer / Managing Director), declare that all the information submitted in this form is true, correct and complete.

The company has met all the requirements as specified under Part 1 and Part 2 of Schedule 2, of the Financial Services (requirements and Submission of Documents of Information) (Registered Business) Order 2013 [PU(A) 2016/2013].

I understand that if I furnish any information which is false, inaccurate, misleading or contains material errors or omissions, the company, will not be registered.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE, AND BY VIRTUE OF THE PROVISIONS OF THE STATUTORY DECLARATIONS ACT 1960.

SUBSCRIBED AND SOLEMNLY DECLARED BY THE ABOVENAMED

AT _____

IN THE STATE OF _____

THIS DAY OF _____ 20_____

Before me:

(Signature of Sessions Court Judge,
Magistrate or Commissioner for Oaths)