



ECM FORM
(FORM 4 - PAYMENTS IN FOREIGN CURRENCY
BETWEEN RESIDENTS)

Pengarah
Jabatan Pentadbiran Pertukaran Asing
Bank Negara Malaysia
Jalan Dato' Onn
50480 Kuala Lumpur.
Fax No: +603-26943991/26937732
Website : <http://www.bnm.gov.my/>

Please fill in where applicable and tick (✓) where appropriate

Submission by applicant seeking approval / registration

Submission on behalf of the applicant (third party)

Checklist For Submission of Application:

(Please tick in the box)

<input type="checkbox"/>	Latest audited annual accounts and management accounts (If not submitted previously)
<input type="checkbox"/>	Latest form 49 (If not submitted or has changed previously)
<input type="checkbox"/>	Latest form 24 (If not submitted previously)
<input type="checkbox"/>	Supporting documents (whenever applicable)

Please ensure that the above documents of the applicant and its ultimate holding company (if applicant is a member of a corporate group in Malaysia) are submitted together with the completed application form.

Authorised Signatory:

Name:

Designation & Department:

Date:

Company Stamp

<p>Basic Group</p>	<p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Professional Body (such as lawyers, doctors, accountants who are not registered with Suruhanjaya Syarikat Malaysia)</p> <p><input type="checkbox"/> Company</p> <p>For a resident company, please also indicate the controlling status:</p> <p><input type="checkbox"/> Resident Controlled Company (RCC)</p> <p><input type="checkbox"/> Non-Resident Controlled Company (NRCC)</p> <p><input type="checkbox"/> Federal/General Government (include embassies)</p> <p><input type="checkbox"/> State Government</p> <p><input type="checkbox"/> Local Government</p> <p><input type="checkbox"/> Statutory Body</p> <p><input type="checkbox"/> Trade Union</p> <p><input type="checkbox"/> Co-operative</p> <p><input type="checkbox"/> Society / Association</p> <p><input type="checkbox"/> International Organisation</p> <p><input type="checkbox"/> Foundation</p> <p><input type="checkbox"/> Others</p>
<p>Details of third party (for application submitted on behalf of applicant)</p>	
<p>Name of Company / Individual</p> <p>Correspondence Address</p> <p>Contact person</p> <p>Designation</p> <p>Telephone no.</p> <p>Facsimile no.</p> <p>E-mail address</p>	

**PAYMENTS IN FOREIGN CURRENCY BETWEEN RESIDENTS
(ECM 4)**

2.	DETAILS OF APPLICATION	
<p><input type="checkbox"/> To make payment in foreign currency to another resident</p> <p><input type="checkbox"/> To receive payment in foreign currency from another resident</p>		
<p>Details of amount applied (Please provide documentary evidence such as a copy of the contract, purchase order and etc.)</p>		
Name of counter-party	Contract number/ Purchase order/ Invoice	Currency & amount
Purpose of payment/receipt		
<p><input type="checkbox"/> For equipment not available in Malaysia</p> <p><input type="checkbox"/> For services not available in Malaysia</p> <p><input type="checkbox"/> Others (Please specify)</p> <p>_____</p>		
Indicate whether the amount to be paid/received would be credited into any of the accounts below:		
<p><input type="checkbox"/> Ringgit account in Malaysia</p> <p><input type="checkbox"/> Foreign currency account with banks in Malaysia (please complete Form 7B, if applicable)</p> <p><input type="checkbox"/> Foreign currency account with licensed offshore banks in Labuan IOFC (please complete Form 7C, if applicable)</p> <p><input type="checkbox"/> Overseas account (please complete Form 7C, if applicable)</p> <p><input type="checkbox"/> Direct payment from payee to principal/supplier abroad</p>		