



## ECM FORM

(FORM 10G - REDEEMABLE PREFERENCE SHARES (RPS)  
TO NON-RESIDENTS

- A. CHANGE IN TOTAL AMOUNT OF ISSUANCE
- B. CHANGE OF PURPOSE
- C. CHANGE OF OTHER TERMS & CONDITIONS  
(FOR INFORMATION))

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

**REDEEMABLE PREFERENCE SHARES (RPS) TO NON-RESIDENTS**  
**A. CHANGE IN TOTAL AMOUNT OF ISSUANCE**  
**B. CHANGE OF PURPOSE**  
**C. CHANGE OF OTHER TERMS & CONDITIONS (FOR INFORMATION)**  
**(ECM 10 & 12)**

<b>2.</b>	<b>DETAILS OF APPLICATION</b>			
RPS Master ID No.	Approval Date	Amount approved (RM)	Amount outstanding (RM)	Proposed new amount (RM) [Please complete Attachment 10G(i)]
Please tick and fill in items to be changed				
			<b>Proposed</b>	
<input type="checkbox"/>	Purpose	To complete Part 3		
<input type="checkbox"/>	Tenure			
<input type="checkbox"/>	Dividend rate			
<input type="checkbox"/>	Participating/non-participating Redeemable Preference Shares			
<input type="checkbox"/>	Subscriber	To complete Attachment 10G(ii)		
<input type="checkbox"/>	Currency	To complete Attachment 10G(ii)		
<input type="checkbox"/>	Others			
<b>3.</b>	<b>PURPOSE OF ISSUANCE</b> (Applicable for change in total issuance and/or purpose only)			
<b>Funds for use Offshore</b>			<b>Amount (RM)</b>	
<input type="checkbox"/>	Import of raw materials			
<input type="checkbox"/>	Import of machinery / equipment			
<input type="checkbox"/>	Repayment of offshore loans (Please also complete part 5 of this form)			
<input type="checkbox"/>	Prepayment of offshore loan (Please also complete part 5 of this form)			

<input type="checkbox"/>	Investment abroad (Please complete Form 9A or 9C, whichever applicable)	
<input type="checkbox"/>	Lending to non-residents (Please complete Form 6B)	
<input type="checkbox"/>	Others (Please specify) .....	
<b>Sub-total</b>		
<b>Funds for use onshore</b>		
<input type="checkbox"/>	Purchase of raw materials	
<input type="checkbox"/>	Purchase of machinery/equipment	
<input type="checkbox"/>	Refinancing of domestic loans	
<input type="checkbox"/>	Renovation/Expansion of building	
<input type="checkbox"/>	Build new plants/production lines	
<input type="checkbox"/>	Purchase of land & buildings	
<input type="checkbox"/>	Working capital- e.g. administrative expenses, salaries, utilities	
<input type="checkbox"/>	Others (Please specify) .....	
<b>Sub-total</b>		
<b>Total</b>		
<b>4.</b>	<b>REASON(S) FOR CHANGE IN ANY OF THE PURPOSE AND/OR TERMS AND CONDITIONS</b> (Please provide attachment, if necessary)	

<b>5.</b>	<p><b>REPAYMENT/PREPAYMENT OF EXISTING OFFSHORE FOREIGN CURRENCY LOANS</b>                  (Only applicable if the purpose of the issuance of RPS is to repay or prepay other offshore credit facility)</p>
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**(a) Details of loan to be repaid/prepaid**

Loan ID	Approval date	Currency	Amount outstanding as at ..... (dd/mm/yyyy)	Amount to be repaid/prepaid

**(b) Reason(s) for issuing additional RPS for the repayment/prepayment**  
 (Please provide attachment, if necessary)

<b>6.</b>	<p><b>ADDITIONAL INFORMATION TO SUPPORT THE APPLICATION</b></p>
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**PROPOSED SUBSCRIPTION SCHEDULE FOR REDEEMABLE PREFERENCE SHARES (RPS)**

Subscription Schedule		dd	mm	yyyy	(RM equivalent)
1	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
2	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
3	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
4	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
5	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
6	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
7	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
8	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
9	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
10	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
11	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
12	1 <sup>st</sup> half				
	2 <sup>nd</sup> half				
	Exact date (if available)				
<b>Grand Total</b>					

Note:

1. "1<sup>st</sup> half" refers to the first 15 days and "2<sup>nd</sup> half" subsequent 15 days of the month. If exact date is known please indicate in the given column.
2. Grand total should tally with amount applied
3. All amounts should be reported in full value.
4. If remittance schedule covers period longer than specified above, please provide additional attachment using similar format