



ECM FORM
(REPORT 10 - CONSEQUENTIAL DEBT OF RESIDENT ARISING
FROM GUARANTEE - TERMS & CONDITIONS)

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)

| | |
|--|--|
| | Latest audited annual accounts and management accounts (If not submitted previously) |
| | Latest form 49 (If not submitted or has changed previously) |
| | Latest form 24 (If not submitted previously) |
| | 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> | |

**CONSEQUENTIAL DEBT OF RESIDENT ARISING FROM GUARANTEE
TERMS & CONDITIONS**

Name of Lender: _____

Country & Town : _____

Guarantee ID : _____

| | | |
|--------------------|---|---|
| Type of facility | <input type="checkbox"/> Term loan <input type="checkbox"/> Advance / Inter-company loan <input type="checkbox"/> Issuance of debt instruments (please specify) _____ <input type="checkbox"/> Others (please specify) _____ | |
| Main terms of loan | Tenure | <input type="checkbox"/> Fixed ____ Year(s) ____ Month(s) <input type="checkbox"/> No fixed tenure |
| | Interest rate | _____ % per annum |
| | Other rate | _____ % per annum |
| | Option/convertibility | <input type="checkbox"/> Convertible into equity <input type="checkbox"/> Exchangeable with another securities <input type="checkbox"/> Call option by issuer <input type="checkbox"/> Put option by holder <input type="checkbox"/> Prepayment allowed by lender |
| | Repayment schedule | <input type="checkbox"/> Fixed schedule (<i>Please complete Schedule B</i>) <input type="checkbox"/> No fixed schedule |
| | Others / Remarks | |

PROPOSED REPAYMENT SCHEDULE FOR OFFSHORE LOAN

| Repayment | | dd | mm | yyyy | Currency | Amount | RM equivalent |
|---------------------------|---------------------------|----|----|------|----------|--------|---------------|
| 1 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 2 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 3 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 4 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 5 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 6 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 7 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 8 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 9 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| 10 | 1 st half | | | | | | |
| | 2 nd half | | | | | | |
| | Exact date (if available) | | | | | | |
| <u>Grand total</u> | | | | | | | |

- Note:
1. "1st half" refers to the first 15 days and "2nd half" subsequent 15 days. 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