



ECM FORM
(FORM C – FINANCIAL GUARANTEE CALLED UPON)

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

1.	PARTICULARS OF APPLICANT
Name of applicant	
<u>For resident:</u> Business registration/NRIC no.	
<u>For non-resident:</u> Passport no. Nationality	
Registered address Correspondence address (If different from above) Contact person Designation Telephone no. Facsimile no. E-mail address	
Principal business activity/occupation of applicant (for company, base on information as contained in the audited account)	

<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>	

FINANCIAL GUARANTEE CALLED UPON

2.	DETAILS OF CALLED UPON GUARANTEE	
(a) Guarantee being called upon	<input type="checkbox"/> Guarantee to Non-Resident Please state ID No. LJ _____ <input type="checkbox"/> Guarantee from Non-Resident Please state ID No. FJ _____	
(b) Reason(s) for the guarantee being called upon		
(c) Amount of guarantee being called upon	Currency	Amount
(d) Consequential debt arising from the guarantee being called upon, if any.	<input type="checkbox"/> Consequential debt due to non-resident, <i>(Please also submit Report 6 within a month from the date of payment)</i> <input type="checkbox"/> Consequential debt due from non-resident, <i>(Please also submit Report 10 within a month from the date of payment)</i> <input type="checkbox"/> No consequential debt	

**CONSEQUENTIAL LOAN TO NON-RESIDENT ARISING FROM GUARANTEE
TERMS & CONDITIONS**

Name of borrower : _____

Country & Town: _____

Guarantee ID : _____

Interest rate	_____ % per annum				
Other rate	_____ % per annum				
Tenure	<input type="checkbox"/> Fixed _____ Year (s) _____ Month(s) <input type="checkbox"/> No fixed tenure				
Repayment schedule	<input type="checkbox"/> Fixed schedule <input type="checkbox"/> No fixed schedule				
	YEAR	Currency (in foreign currency [FC] and RM equiv)	Amount		
			Principal	Interest/ profit	Total
	1	FC			
		RM			
	2	FC			
		RM			
3	FC				
	RM				
Balance for remaining years	FC				
	RM				

**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)						
Grand total							

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