



**APPLICATION FORM
FORM 10D
(BORROWING FROM NON-RESIDENTS)**

- (A) REDUCTION OF AMOUNT
(B) CHANGE OF PURPOSE
(C) CHANGE OF OTHER TERMS AND CONDITIONS)**

**Pengarah
Jabatan Pentadbiran Pertukaran Asing
Bank Negara Malaysia
Jalan Dato' Onn
50480 Kuala Lumpur.
Fax No: +603-26913266/26937732
Website : <http://www.bnm.gov.my/fxadmin>**

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

Submission by applicant seeking approval / registration

Submission on behalf of the applicant (third party)

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>
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Details of third party (for application submitted on behalf of applicant)

<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>	
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2. DETAILS OF BORROWING WHERE CHANGES ARE APPLIED FOR			
Loan ID	Approval Date	Currency	Amount outstanding
Please tick and fill in items where the changes are applied for (for borrowing with same lender, same type of borrowing and purpose)			
		Proposed	
<input type="checkbox"/> Purpose	(To complete Part 3)		
<input type="checkbox"/> Currency			
<input type="checkbox"/> Amount (Please provide details in Part 3 of this form)	Foreign currency		RM equivalent
<input type="checkbox"/> Option/convertibility (applicable for debt instruments)	<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			
Period for Option/convertibility can be exercised :			
Start date _____ (dd/mm/yyyy)			
End date _____ (dd/mm/yyyy)			
Terms for Option/convertibility can be exercised: (Please describe)			

<input type="checkbox"/> Cross default clause	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
<input type="checkbox"/> Repayment schedule	<input type="checkbox"/> Fixed schedule (<i>Please complete Schedule B</i>)		
	<input type="checkbox"/> No fixed schedule		
<input type="checkbox"/> Interest/coupon rate/yield to maturity (for zero coupon bond)			

<input type="checkbox"/> Profit sharing ratio (Applicable only for Islamic instrument)	_____ : _____ sharing ratio (Lender : Borrower)		
<input type="checkbox"/> Tenure	<input type="checkbox"/> Fixed _____ Year(s) _____ Month(s) <input type="checkbox"/> No fixed tenure		
<input type="checkbox"/> Security			
<input type="checkbox"/> Others (please describe)			
3.	PROPOSED CHANGE IN USE OF BORROWING (Applicable for change in amount and/or purpose)		
Funds for use Offshore	Currency	Amount	RM Equivalent
<input type="checkbox"/> Import of raw materials			
<input type="checkbox"/> Import of machinery / equipment			
<input type="checkbox"/> Repayment of other offshore borrowing (Please also complete part 5 of this form)			
<input type="checkbox"/> Prepayment of other offshore borrowing (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)			
Sub-total			
Funds for use onshore			
<input type="checkbox"/> Purchase of raw materials			
<input type="checkbox"/> Purchase of machinery/equipment			
<input type="checkbox"/> Refinancing of ringgit borrowing			
<input type="checkbox"/> Refinancing of foreign currency borrowing			
<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)			
Sub-total				
Total				

4.	REASON(S) FOR CHANGE IN ANY OF THE TERMS AND CONDITIONS AND/OR PURPOSE (Please provide attachment, if necessary)

5.	REPAYMENT/PREPAYMENT OF OTHER OFFSHORE BORROWING (Only applicable if the purpose of the offshore borrowing is to repay or prepay other offshore borrowing)
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(a) Details of borrowing 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 repayment/prepayment
(Please provide attachment, if necessary)

6. BACKGROUND, RATIONALE AND OTHER INFORMATION TO SUPPORT THE APPLICATION

PROPOSED REPAYMENT SCHEDULE FOR OFFSHORE BORROWING

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