



**APPLICATION FORM
FORM 10G
(REDEEMABLE PREFERENCE SHARES (RPS)
TO NON-RESIDENTS
A. REDUCTION IN TOTAL AMOUNT OF ISSUANCE
B. CHANGE OF PURPOSE
C. CHANGE OF OTHER TERMS & 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>
<p>Details of third party (for application submitted on behalf of applicant)</p>	
<p>Name of Company / Individual Correspondence Address</p> <p>Contact person Designation Telephone no. Facsimile no. E-mail address</p>	

2. DETAILS OF APPLICATION				
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				
			Proposed	
<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			
3.	PURPOSE OF ISSUANCE (Applicable for change in total issuance and/or purpose only)			
Funds for use Offshore			Amount (RM)	
<input type="checkbox"/>	Import of raw materials			
<input type="checkbox"/>	Import of machinery / equipment			
<input type="checkbox"/>	Repayment of offshore borrowing (Please also complete part 5 of this form)			
<input type="checkbox"/>	Prepayment of 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 domestic 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 PURPOSE AND/OR TERMS AND CONDITIONS (Please provide attachment, if necessary)	

5.	REPAYMENT/PREPAYMENT OF EXISTING OFFSHORE BORROWING (Only applicable if the purpose of the issuance of RPS 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 issuing additional RPS for the repayment/prepayment
(Please provide attachment, if necessary)

6.	BACKGROUND, RATIONALE AND OTHER INFORMATION TO SUPPORT THE APPLICATION
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PROPOSED SUBSCRIPTION SCHEDULE FOR REDEEMABLE PREFERENCE SHARES (RPS)

Subscription Schedule		dd	mm	yyyy	(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)				
11	1 st half				
	2 nd half				
	Exact date (if available)				
12	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 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