



**APPLICATION FORM
FORM 9C
(INVESTMENT ABROAD - OTHERS)**

**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	
	<u>Name of applicant</u>	
<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>	

2.	DETAILS OF APPLICATION		
<input type="checkbox"/> New investment <input type="checkbox"/> Increase in existing investment Investment ID (please state) : _____ Date of approval (if investment ID not available) : _____ (dd/mm/yyyy)			
	Currency	Amount	RM equivalent
Estimated total cost of investment			
Amount applied			
Payback period	_____ Years		
Expected returns on investment	Year	Net income	
		Foreign currency	RM equivalent
	1		
	2		
	3		
	4		
5			
Period of remittance	Start date <input type="text"/> (dd/mm/yyyy)	End date <input type="text"/> (dd/mm/yyyy)	
Expected date of remittance	<i>Please complete Schedule A</i>		
Type of investment	<input type="checkbox"/> Joint venture <input type="checkbox"/> Real estate <input type="checkbox"/> Others		Please elaborate:
Country			
Reason (s) for investing			

3.		SOURCE OF FUNDING FOR THE PROPOSED INVESTMENT		
A. CASH (Fill in where applicable)				
		Currency	Amount	RM equivalent
(a) Own funds	Deposits:			
	▪ RM account			
	▪ FC account			
	Incoming funds:			
	▪ Equity injection:			
	○ Resident shareholders			
	○ Non-resident shareholders			
	Others			
	Sub-total			
(b) Domestic Borrowings (Please complete Form 10E for foreign currency borrowings, if applicable)	Inter-company loans			
	Banking institutions			
	Others			
	Sub-total			
(c) Offshore Borrowings (Please complete the relevant Form 10A, 10B, 10D, 10F or 10G, for offshore borrowings, if applicable)				
Total				
B. OTHER THAN CASH				
(a) Assets: (Please complete Form 5N for investment by way of exports from Malaysia exceeding RM100,000 per shipment)	Used assets			
	New assets			
	<u>Sub-Total</u>			
(b) Others				
<u>Total</u>				
Please provide details of the assets swap				

4.	BENEFITS TO MALAYSIA (Please provide attachment, if necessary)	
5.	SHAREHOLDERS' FUNDS OF APPLICANT AND GROUP OF ENTITIES WITH PARENT-SUBSIDIARY RELATIONSHIP IN MALAYSIA as at _____ (dd/mm/yyyy) (Based on latest audited accounts)	
	Company (Applicant) (RM)	Group Of Entities With Parent Subsidiary Relationship (Consolidated) (RM)
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	=====	=====
6.	NETWORKING FUNDS as at _____ (dd/mm/yyyy) (If applicant is a Malaysian branch of an overseas company)	RM _____
7.	EXISTING BORROWING OF APPLICANT / GROUP OF ENTITIES WITH PARENT SUBSIDIARY RELATIONSHIP IN MALAYSIA	
	Applicant (Based on latest management account) as at _____ (dd/mm/yyyy)	Group of Entities With Parent- Subsidiary Relationship (Based on audited account as at _____ (dd/mm/yyyy) if latest management account is not available)
	Outstanding (RM)	Outstanding (RM)
Borrowing obtained from:		
▪ Domestic sources		
▪ Offshore sources		
Total		

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

PROPOSED SCHEDULE OF REMITTANCE TO NON-RESIDENTS

Month/ Remittance		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)						
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 row.
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 this format.