



**APPLICATION FORM
FORM B
(FINANCIAL GUARANTEE - RENEWAL / EXTENSION /
CANCELLATION / CHANGE AMOUNT)**

**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 <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Body (such as lawyers, doctors, accountants who are not registered with Suruhanjaya Syarikat Malaysia) <input type="checkbox"/> Company <p>For a resident company, please also indicate the controlling status:</p> <input type="checkbox"/> Resident Controlled Company (RCC) <input type="checkbox"/> Non-Resident Controlled Company (NRCC) <input type="checkbox"/> Federal/General Government (include embassies) <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Statutory Body <input type="checkbox"/> Trade Union <input type="checkbox"/> Co-operative <input type="checkbox"/> Society / Association <input type="checkbox"/> International Organisation <input type="checkbox"/> Foundation <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>	

IDENTIFICATION NUMBER OF GUARANTEE: _____

1. Renewal/extension

New expiry date

dd/ mm/ yyyy

2. Cancellation

Cancellation date

dd / mm / yyyy

3. Change the amount of guarantee

Name of guarantor	Currency	Amount	RM equiv.