



**APPLICATION FORM  
REPORT 10  
(CONSEQUENTIAL DEBT OF RESIDENT ARISING FROM  
GUARANTEE – TERM & CONDITION)**

**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



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

**CONSEQUENTIAL DEBT OF RESIDENT ARISING FROM GUARANTEE  
TERMS & CONDITIONS**

Name of Lender: \_\_\_\_\_

Country & Town : \_\_\_\_\_

Guarantee ID : \_\_\_\_\_

Type of borrowing	<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 borrowing	Tenure	<input type="checkbox"/> Fixed _____ Year(s) _____ Month(s) <input type="checkbox"/> No fixed tenure
	Category of Borrowing	<input type="checkbox"/> Fixed <input type="checkbox"/> No fixed tenure
	Interest Effective Date	_____
	Interest Type	_____
	Interest Reference	_____
Interest Reference Tenure	_____	
Interest Rate/Spread	_____	
Interest Range	_____	
	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 BORROWING

Repayment		dd	mm	yyyy	Currency	Amount	RM equivalent
1	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
2	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
3	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
4	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
5	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
6	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
7	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
8	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
9	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
10	1 <sup>st</sup> half						
	2 <sup>nd</sup> half						
	Exact date (if available)						
<b>Grand total</b>							

Note:

1. "1<sup>st</sup> half" refers to the first 15 days and "2<sup>nd</sup> 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