

## APPLICATION FOR LICENCE TO CARRY ON LABUAN LEASING BUSINESS

#### **IMPORTANT NOTES**

1. The completed application form and supporting documents should be submitted to:

Head of Business Operations Unit Labuan Financial Services Authority Level 17, Main Office Tower Financial Park Complex Jalan Merdeka 87000 Labuan F.T. Malaysia

- 2. Applicant may also submit a soft copy of the completed application form and supporting documents via email to bou@labuanfsa.gov.my for preliminary review by the officer.
- 3. Submission of application which does not comply with Labuan FSA's requirement or which are unsatisfactory may be returned.
- 4. The form and supporting documents serves as general requirement of the application, Labuan FSA reserves the right to request for additional information and/or documents to support the application.
- 5. Any information supplied pursuant to this form will be dealt with in confidence in accordance with Section 178 of the Labuan Financial Services and Securities Act 2010 / Section 139 of the Labuan Islamic Financial Services and Securities Act 2010.
- 6. Documents may be certified by any authorised person including, but not limited to, commissioner for oaths, notary public, certified public accountants, advocates or solicitors, company secretaries and Malaysian/foreign embassies. Copy of bank statements must be certified by the bank. Where documents are not in the national language of Malaysia or in English, please provide English-translated version of the documents, duly certified/notarized.
- 7. This document belongs to Labuan FSA, no modification or tampering with the format or its contents is permitted.
- 8. Labuan FSA has a whistle blowing policy in place where suppliers, consultants or even members of the public can report to the Designated Officers in writing as per the Whistle Blowing Disclosure Form if there is any element of wrongdoings by any staff of Labuan FSA or its subsidiaries in relation to the application or licence being awarded.
- 9. For details of applicable legislations and guidelines pertaining to leasing business, please visit our website at <a href="https://www.labuanibfc.com.my">www.labuanibfc.com.my</a>.

10. Processing fee and client charter:

Type of Processing	Process	Client Charter	
Type of Processing	RM	USD	- Client Charter
Normal	1,000.00	350.00	21 working days
Fast Track	4,500.00	1,550.00	5 working days

\*Client Charter will be calculated upon complete submission of documentation and information to Labuan FSA.

	GENERAL INF Important: All fields are mandato	
1.	Party responsible for submission of application <sup>‡</sup>	
	Applicant's Shareholder/Head Office	Labuan Trust Company
	Others:(please specify)	
2.	Officer responsible for submission of application	1
	Name :	Company :
	Designation:	Contact No. :
	Email :	Signature :
3.	How do you know about Labuan IBFC	
	Website	Newspaper/Media
	Previous Experience	Business Referral
	Labuan Trust Company	Labuan IBFC Inc. Sdn. Bhd.§
	Others:(please specify)	
4.	Consent for disclosure of information to be used FSA and Labuan IBFC Inc. Sdn. Bhd.	for marketing/promotional purposes by Labuan
	Yes	No

<sup>&</sup>lt;sup>‡</sup> With the exception of the applicant's shareholder/head office, party responsible for submission of application is required to submit the duly completed Statutory Declaration as attached in Appendix III.

<sup>§</sup> Labuan IBFC Inc. Sdn. Bhd. was incorporated in July 2008 as the sole official Malaysian agency authorised to promote, market and develop the benefits of Labuan IBFC as the premier international business and financial centre in Asia Pacific.

#### APPLICATION TO CARRY ON LABUAN LEASING BUSINESS

Section 90, Labuan Financial Services and Securities Act 2010 Section 65, Labuan Islamic Financial Services and Securities Act 2010

	PART I : PROFILE OF APPLICANT Important: All fields are mandatory and should not be left blank				
a.	Name of Applicant (refers to the proposed Labuan company)				
b.	Type of Licence Applied (Please tick ( $$ ) the appropriate box)	Conventional	Islamic		
C.	Nature of Legal Entity (Please tick (√) the appropriate box)	Labuan Company - Subsidiar  Foreign Labuan Company - B	•		
d.	Marketing Office to be Established (Please tick (√) the appropriate box)	Yes	No		
e.	Proposed Paid-up Capital/Working Fund (please specify currency used)				
f.	Proposed Shareholder(s) (each of shareholder is required to complete Part II and/or Part III)	Name of Shareholder(s)	Country of Origin	Percentage of Shareholding(s)	
g.	Proposed Director(s) (each of Director is required to complete Part IV)	Name of Director(s)	Nationality	Position to be Held	
h.	Proposed Shariah Advisor(s) (each of Shariah Advisor is required to complete Part IV)	Name of Advisor(s)	Nationality	Years of Experience in Islamic Financial Business	

	PART II: PROFILE OF CORPORATE SHAREHOLDER(S) Important: All fields are mandatory and should not be left blank				
a.	Name of Company/ Head Office				
b.	Company Address				
C.	Nature and Type of Business				
d.	Incorporation/ Registration Number				
e.	Date and Place of Incorporation/Registration				
f.	Date, Type of Licence and Licence Number (if applicable)				
g.	Home Supervisory Authority (if applicable)				
h.	Shareholders' Fund (please specify currency and amount for the latest	Year	Paid-up Capital	Retained Profits/ Accumulated Losses	Other Reserves
	three(3) years Audited Financial Statements)				
i.	Financial Performance (please specify currency	Year	Total Assets	Total Liabilities	Profit/(Loss) Before Tax
	and amount for the latest three (3) years Audited				
	Financial Statements)				
j.	Shareholder(s)	Name of Sh	areholder(s)	Country of Origin	Percentage of Shareholding(s)
k.	Board of Director(s)	Name of I	Director(s)	Nationality	Nature of Appointment (executive or non- executive)
l.	Any Other Information Relevant For Consideration of the Application				

### FORM LFB - LEASING

	PART III: PROFILE OF INDIVIDUAL SHAREHOLDER(S)  Important: All fields are mandatory and should not be left blank					
a.	Salutation					
b.	Name (as per NRIC/passport)	Please tick (√) if the	ne individual is a P	olitically Exposed Pers	on (PEP)	
c.	Date and Place of Birth					
d.	Gender	Male		Female		
e.	Nationality					
f.	NRIC Details (for Malaysian)	Old IC No.: NRIC No.:				
g.	Passport Details (for Non-	Passport No.:				
	Malaysian)	Expiry Date:				
		Country of Issue:				
		Issuing Authority:				
		Length of residence in Ma	alaysia:			
		Any work permit applied p	orior to this applica	ation:		
		No No		Yes (please provide certified copy of the work permit)		
h.	Financial Net	a) Net Worth Statemen	nt Certified by Qu	ualified Accountant; o	r	
	worth (latest three			Currency and Amou	unt	
	months bank statement duly certified by the	Total Assets				
	Bank or net worth statement	Total Liabilities				
prepared and certified by Qualified		b) Bank Statement/On		nent Certified by the E		
	Accountant)	Name of Bank	Type of Account	Statement Date	Currency and Amount	

## PART III: PROFILE OF INDIVIDUAL SHAREHOLDER(S)

Important: All fields are mandatory and should not be left blank Curriculum Vitae of Individual Shareholder Name of School/College/ Year Qualification Type of Qualification/ Certification University/Others Obtained Year Qualification Type of Qualification/Certification Name of Institution Obtained Year Membership Type and Details of Membership Name of Institution Obtained Date (dd/mm/yy) Name of Employer Designation Key Areas of Responsibilities From То Date of Nature of Appointment Name of Corporation Place of Incorporation Appointment (executive or non-executive) (dd/mm/yy)

### FORM LFB - LEASING

	PART IV: PROFILE OF DIRECTOR(S)/SHARIAH ADVISOR(S)  Important: All fields are mandatory and should not be left blank				
a.	Position to be Held				
b.	Salutation				
C.	Name (as per NRIC/passport)		Please tick ( $$ ) if the individual is a PEP		
d.	Date and Place of Birth				
e.	Gender		Male Female	9	
f.	Nationality				
g.	NRIC Details (for Malaysian)	Old IC			
h.	Passport Details (for Non-Malaysian)  Curriculum Vitae of Director/	Expiry Counti Issuing Length Any we	y of Issue: g Authority: of residence in Malaysia: ork permit applied prior to this application:  No  Yes (please copy of	provide certified true the work permit)	
Sec	ction A: Tertiary / Highest Ed	lucatior	(s)		
	Type of Qualification/ Certifica	tion	Name of College/University/Others	Year Qualification Obtained	
Sec	ction B: Professional Qualific	cation(s	)		
Тур	pe of Qualification/ Certification	1	Name of Institution	Year Qualification Obtained	

## PART IV: PROFILE OF DIRECTOR(S)/SHARIAH ADVISOR(S) Important: All fields are mandatory and should not be left blank Year Membership Type and Details of Membership Name of Institution Obtained Date Key Areas of (dd/mm/yy) Name of Employer\*\* Designation Responsibilities From To Nature of Date of Appointment Appointment Name of Corporation Place of Incorporation (dd/mm/yy) (executive or nonexecutive)

<sup>\*\*</sup> If the position applied for requires approval from relevant authority, please give detail of the approving authority (applicable to current employment only).

	PART V : PROFILE OF CORPORATE DIRECTOR Important: All fields are mandatory and should not be left blank				
a.	Name of Company				
b.	Company Address				
C.	Nature and Type of Business				
d.	Incorporation/ Registration Number				
e.	Date and Place of Incorporation/Registration				
f.	Date, Type of Licence and Licence Number (if applicable)				
g.	Home Supervisory Authority (if applicable)				
h.	Shareholders' Fund (please specify currency and amount for the latest	Year	Paid-up Capital	Retained Profits/ Accumulated Losses	Other Reserves
	three(3) years Audited Financial Statements)				
i.	Financial Performance (please specify currency	Year	Total Assets	Total Liabilities	Profit/(Loss) Before Tax
	and amount for the latest three (3) years Audited Financial Statements)				
	· · · · · · · · · · · · · · · · · · ·				
j.	Shareholder(s)	Name of S	hareholder(s)	Country of Origin	Percentage of Shareholding(s)
k.	Board of Director(s)	Name of	Director(s)	Nationality	Nature of Appointment (executive or non- executive)

	PART VI: PARTICULARS OF THE APPLICATION Important: All fields are mandatory and should not be left blank							
Type of Appl	ication	New	Leasing			Subse	quent 7	Fransaction
Section A: 6	Seneral							
(a) Objectiv	e of Establishmen	t						
` '	nal Structure of ement Office in Lab	uan						
\ <i>\</i>	nal Structure of ng Office (if applica	ble)						
(d) Manpov	ver Planning		Category	Malaysian		Non- laysian	Total	Expected Remuneration
		(a)	Managerial & Professional		IVIG	laysian		Kemaneration
		(b)	Technical &					
		(d)	Supervisory Production / Operation Workers - Skilled - Unskilled Clerical & General Workers					
		Tot	al +(b)+(c)+(d)					
	ner Information nt for Consideration lication							<u> </u>
Section B: F	Previous Leasing	Approval(s	s) Obtained <i>(</i> o	nly applicable	e for	subsec	quent t	ransaction)
Approval Date (dd/mm/yy)	Lease As	set	Asset Name/ Serial Number	Commenceme Date (dd/mm/yy)	ent	Expir Date (dd/mm	9	Current Status of Lease Transaction (ongoing, to be extended, terminated, expired or pending execution)
Section C: F	Proposed Lessee							
a. Name o	f Company							
b. Incorpor Registra	ration / Ition Number							
c. Date of Registra	Incorporation / ition							

### FORM LFB - LEASING

	PART VI: PARTICULARS OF THE APPLICATION Important: All fields are mandatory and should not be left blank					
d.	Place of Incorporation / Registration					
e.	Issued and Paid-up Capital/Working Fund					
f.	Shareholder(s)	Name of Shareholder(s)	Country of Origin	Percentage of Shareholding(s)		
g.	Board of Director(s)	Name of Director(s)	Nationality	Nature of Appointment (executive or non- executive)		
h.	Relationship with Applicant					
i.	Nature of Business					
Sec	tion D: Proposed Lease Tr	ansaction				
a.	Type of Lease (Please tick ( $$ ) at the appropriate box)	Operating lease	Finance lease			
b.	Proposed Date of Agreement					
C.	Lease Period					
		Amount	Payment F (daily/weekly/monthly	requency //lump sump/others)		
d.	Lease Rental					
Sec	tion E: Lease Asset					
a.	Type of Asset					
b.	Name of Asset (please provide the Manufacturer Serial Number, where applicable)					

	PART VI: PARTICULARS OF THE APPLICATION Important: All fields are mandatory and should not be left blank				
C.	Year Built (for asset under construction, please state the expected month and year of completion)				
d.	Asset Value				
e.	Insurance Policy	Insurer	Percentage	Sum Insured	Date of Expiry
f.	Place of Registry, if applicable				
g.	Type of Industry (industry where the leased asset will be utilised)				
h.	Asset Owner / Head Lessor (other than the Applicant)				
i.	Country of Origin of Asset Owner / Head Lessor				
j.	Seller of the Lease Asset (applicable only if the Applicant is Asset Owner)				
k.	Source of Fund(s) to Finance the Lease Asset (only applicable if applicant is the Asset Owner/Proposed Asset Owner)	Financier(s)	Type of Financing	Amount	Margin of Financing (%)
I.	Any Additional Information on the Lease Asset		,		
Sec	tion F: Three Years Financia	al Projection (*fill in w	nere applicable)		
	rency:				
Sta	atement of Comprehensive Income	Year 1	Year 2	Y	'ear 3
Rev	renue				
Оре	erating Expenses				
Оре	erating Profit/(Loss)				
	er Income				
	neral and Administrative enses				
	ome/(Loss) Before Tax				
Tax					
Inc	ome/(Loss) After Tax				

PART VI: PARTICULARS OF THE APPLICATION Important: All fields are mandatory and should not be left blank					
Statement of Financial Position	Year 1	Year 2	Year 3		
ASSETS					
Non-current assets					
Current assets					
Total Assets					
LIABILITIES					
Long term liabilities					
Short term liabilities					
Total Liabilities					
SHAREHOLDERS' FUNDS / HEA	D OFFICE ACCOUNT				
Head office account / paid up capital					
Retained profits / accumulated losses					
Other reserves					
Total Shareholders' Funds / Head Office Account					

#### Note:

- Please ensure the three years projection is realistic and reasonable.
   Please provide basis of assumption in deriving to the projected figure.
   The above information is a guidance for the applicant to complete the financial projection.

PART VII : SUPPORTING DOCUMENTS (Please  $\sqrt{}$  at the appropriate box and provide reason(s)/justification(s) for any non-submission)

No	Documents	For Applicant	For Labuan FSA
Part	II: Corporate Shareholder(s)		
1.	Group corporate shareholding structure		
2.	Certified true copy of certificate of incorporation		
3.	Certified true copy of certificate of licence granted by relevant authority(s) in its home country - (if applicable)		
4.	Certified true copy of board resolution or minutes of general meeting which approved the setting up of the applicant		
5.	Certified true copy of memorandum & articles of association		
6.	Copy of two (2) years audited financial statements/annual reports		
Part	III: Individual Shareholder(s)		
1.	Certified true copy of NRIC (Malaysian) or passport (non-Malaysian)		
2.	Certified true copy of relevant academic and professional certificates		
3.	Two (2) referral letters from institutions and/or professional bodies		
4.	Statutory Declaration by Shareholder/Director on Fit and Proper Person as per Appendix I		
5.	Enhance Due Diligence report from the trust company / service provider, if applicable		
Part	IV: Director(s)/Shariah Advisor		
1.	Certified true copy of NRIC (Malaysian) or passport (non-Malaysian)		
2.	Certified true copy of relevant academic and professional certificates		
3.	Two (2) referral letters from institutions and/or professional bodies (not applicable for appointment within the group of companies)		
4.	Statutory Declaration by Shareholder/Director on Fit and Proper Person as per Appendix I		
5.	Enhance Due Diligence report from the trust company / service provider, if applicable		
Part	V: Corporate Director		
1.	Statutory Declaration by Corporate Director on Fit and Proper Person as per Appendix I		
2.	Certified true copy of certificate of incorporation		
Othe	er Supporting Documents		
1.	Group corporate shareholding structure including the applicant		
2.	Diagram of leasing transaction including head lessor, where applicable		
3.	Photograph/drawing of the lease asset		
4.	Declaration of True and Correct Information Submitted as per Appendix II		
5.	Declaration of True and Correct Information Submitted as per Appendix III (for subsequent leasing transaction)		
6.	Statutory Declaration by Services Provider Responsible for Submission of Application as per Appendix IV		

# STATUTORY DECLARATION BY SHAREHOLDER/DIRECTOR ON FIT AND PROPER PERSON Important: All fields are mandatory and should not be left blank

I/we,			
1.	I have read Section 4 of the Labuan Financial Services and Securities Act 2010 (LFSSA)/Section 4 of the Labuan Islamic Financial Services and Securities Act 2010 (LIFSSA) and the Guidelines on Fit and Proper Person Requirements issued on 11 February 2014 (the Guidelines).		
2.	to the best of my knowledge and belief in making this declaration and/or submitting the attached documents in relation to this declaration, that I am a fit and proper person based on the criteria stated under the said Section 4 of LFSSA/Section 4 of LIFSSA and the Guidelines.		
3.	the information given in this declaration and in the attached documents (if any) are accurate, true and complete.		
4.	I understand that if it is found that I have made false declaration herein and/or in the attached document (if any), Labuan FSA is entitled to take any legal action including disqualifying myself from acting in the capacity expressly mentioned herein.		
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act 1960 /			
In the	e State of Signatureday of 20		
Before me,			
(Commissioner for Oaths/Notary Public)			

## DECLARATION OF TRUE AND CORRECT INFORMATION SUBMITTED Important: All fields are mandatory and should not be left blank

I	NRIC/Passport N	No.	
	.(position in the a	applicant's shareholder/head office)(name of the applicant's	
•	•	l attachments, forms, documents and	
·		of the Labuan Financial Services and abuan Islamic Financial Services and	
b. accurate, true and correct and t	hat all estimations prov	rided are fair and reasonable.	
<ol><li>I am aware that if I make any misre pursuant to Section 192 of the LFS</li></ol>	•	s application, it is an offence punishable LIFSSA.	
application is being kept at the	e office of my princi	the same information provided in this ipal or our appointed Labuan trust ng manager being the agent approved	
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act 1960 / (please state other relevant provisions).			
Subscribed and solemnly declared by the above			
named			
At			
In the State of		Signature	
Thisday of 20			
Before me,			
(Commissioner for Oaths/Notary Public)			

## DECLARATION OF TRUE AND CORRECT INFORMATION SUBMITTED Important: All fields are mandatory and should not be left blank

NRIC/Pagapart No:
INRIC/Passport No:the(position in the Labuan company) of
(name of the Labuan company), do hereby solemnly and sincerely declare that:
<ol> <li>all information submitted in this application including all attachments, forms, documents and forwarding letters are:</li> </ol>
<ul> <li>a. submitted pursuant to the provisions of Sections 90 of the Labuan Financial Services and Securities Act 2010 (LFSSA)/Sections 65 of the Labuan Islamic Financial Services and Securities Act 2010 (LIFSSA).</li> </ul>
b. accurate, true and correct and that all estimations provided are fair and reasonable.
<ol><li>I am aware that if I make any misrepresentation herein this application, it is an offence punishable pursuant to Section 192 of the LFSSA/ Section 152 of the LIFSSA.</li></ol>
<ol> <li>a printed signed copy of this application which reflects the same information provided in this application is being kept at the office of my principal in Labuan or our appointed Labuan trust company/Labuan insurance manager/Labuan underwriting manager being the agent approved by Labuan FSA.</li> </ol>
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act 1960/(please state any other relevant provisions).
Subscribed and solemnly declared by the above
named
At
In the State of
Thisday of 20
Before me,
(Commissioner for Oaths/Notary Public)

## STATUTORY DECLARATION BY SERVICE PROVIDER RESPONSIBLE FOR SUBMISSION OF APPLICATION

Important: All fields are mandatory and should not be left blank

the	(name) of(address) NRIC/Passport No:				
of a	oplication for(name of the Labuan company) do solemnly and erely declare that in relation to the above application:				
1.	I have conducted due diligence process on				
2.	I am satisfied that the requirements of all legislations and applicable guidelines including but not limited to Guidelines on Fit and Proper Person Requirements and Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 in respect of the above application have been complied with.				
prov	I make this solemn declaration conscientiously believing the same to be true, and by virtue of the sions of the Statutory Declaration Act 1990 /(please state other relevant provisions).				
	scribed and solemnly declared by above named				
In t	ne State of Signature sday of 20				
Befo	re me,				
 (Co	nmissioner for Oaths/Notary Public)				