

PARTICULARS OF PARTNERS OF AUDIT FIRM
Important: All fields are mandatory and should not be left blank

1. Name (as per NRIC/Passport)	[<input type="checkbox"/>] Please tick <input checked="" type="checkbox"/> if the partner is a PEP ¹
2. NRIC/Passport No. and Issuing Authority	NRIC/Passport No.: Issuing Authority:
3. Residential Address	
4. Date and Place of Birth	Date: Place:
5. Nationality	
6. Gender	[<input type="checkbox"/>] Male [<input type="checkbox"/>] Female
7. Present Position Held in the Audit Firm	
8. Present Position Held in Other Companies	
9. Participation in Business (if any, e.g. company, partnership etc)	

¹ PEP - Politically exposed person pursuant to FATF definition is an individual who is or has been entrusted with a prominent function.

10. Academic Qualification	Year	Type of Qualification/ Certification	Name of College/University/Others	
11. Professional Qualification and Membership (if any)	Year	Type and Details of Membership	Type of Qualification/ Certification	Name of Institution
12. Current and Previous Employment	Year	Name of Employer(s)	Designation	Key Areas of Responsibilities
13. Directorship Held in other Company(s)				

STATUTORY DECLARATION BY INDIVIDUAL PARTNER ON FIT AND PROPER PERSON
Important: All fields are mandatory and should not be left blank

I,NRIC/Passport No:....., individual shareholder/proprietor/partner of..... (name of the audit firm), do hereby solemnly and sincerely declare that:

1. I have read 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 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 /(please state any other relevant provisions).

Subscribed and solemnly declared by the
 above named
 At
 In the State of
 This ... day of 20.....



.....
 Signature

Before me,

.....
 (Commissioner for Oaths/Notary Public)

DECLARATION OF TRUE AND CORRECT INFORMATION SUBMITTED BY THE PARTNER

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

I,NRIC/Passport No:....., individual shareholder/proprietor/partner of..... (name of the audit firm), do hereby solemnly and sincerely declare that:

1. all information submitted in this application including all attachments, forms, documents and forwarding letters are accurate, true and correct and that all estimations provided are fair and reasonable.
2. I am aware that if I make any misrepresentation herein this application, it is an offence punishable pursuant to Section 13(5) of the Labuan Companies Act 1990.
3. 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.

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
 This ... day of 20.....



.....

Signature

Before me,

.....
(Commissioner for Oaths/Notary Public)