# COR@L System User Registration Form

https://www.coral.labuanfsa.gov.my

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| \*FULL NAME (In capital letters) | **:** | *APPLICANT’S FULL NAME IN CAPS* |
| \*IC No / Passport No. | **:** | *IC no / Passport* |
| \*Designation | **:** | *Applicant’s designation* |
| \*User Email  An email address for User ID Activation  / Multi-factor authentication process. | **:** | *Applicant’s email address* |
| \*Organization’s Email Address |  | *Organization’s email address* |
| \*Office Contact No.  Mobile Contact No. | **:**  **:** |  |
| \*Residence Address | **:** | *Applicant’s residential address* |
| \*Entity Registration Number (LT/LMT/AAL/ALL no.)  Note: Please **IGNORE** if not a Trust Company / Auditor / Liquidator | **:** | *Approved entity registration number* |
| \*Company Name | **:** | *Company Name* |
| \*Company Registered Address | **:** | *Company Address* |
| \*User Access Permission: |  | **Please choose appropriately:**  Choose an item |
| Form Date Registration | : | 5/5/2025 11:57:49 AM |

**Please provide the following supporting documents**

Clear scan copies of identity card (IC) in A4 print format / Passport identity for validation purposes.

If the user's access permission is as an Approved Trust Company Officer, kindly provide a copy of the appointment letter issued by Labuan FSA for validation purposes.

I hereby confirm all mandatory fields\* have been filled in correctly as required.

I expressly agree that

* Labuan FSA will make reasonable efforts to safeguard the personal information which I hereby submit in connection with the services provided by Labuan FSA COR@L. The use of such information will adhere to the Personal Data Protection Act 2010 (PDPA) and Labuan FSA's Information Security Management System (ISMS) Policy.
* I shall not abuse the discretionary permissions and privileges of my user account to access unauthorized information services. I hereby acknowledge that all activities and transactions carried out on the COR@L system will be systematically tracked and monitored.
* I recognize that the submission of any information is entirely at my own risk, and to the maximum extent allowed by law, Labuan FSA explicitly disclaims all liability for any loss or liability associated with such information in any way.
* **Time Period, i.e., Expiry Date Notice:**The agreement will be in effect for a designated duration, and any expiration or notice of termination will be communicated in writing.
* **Right to Revoke without Notice or in Case of Suspected Unauthorized Access:**

Labuan FSA reserves the right to revoke access without prior notice or if there is suspicion of unauthorized entry.

* **Annual Review:**

The access permission granted under the terms of this agreement will undergo an annual review. Additionally, a quarterly reporting to ROC on the active status of users is necessary to eliminate any dormant user accounts within the organization.

* **Adherence to Password Management:**

All involved parties must comply with the specified password management policies.

**FOR LABUAN FSA ROC PROCESSING ONLY**

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| Remark:  *Comment about the access roles and its responsibility.* | |
| Prepared by ROC:  Signature | Approved by ROC:  Signature |
| Name: *Preparer name*  Position:  Date: *dd/mm/yyyy* | Name: *Approver name*  Position:  Date: *dd/mm/yyyy* |
| **Deregistration Process**  Remark: *Remarks*  Termination Date: *dd/mm/yyyy* | |
| Processed by:  Name: *Processer name*  Date: *dd/mm/yyyy* | Approved by:  Name: *Approver name*  Date: *dd/mm/yyyy* |