



**APPLICATION TO REGISTER A LABUAN FOUNDATION/LABUAN ISLAMIC FOUNDATION/
LABUAN INTERNATIONAL WAQF FOUNDATION
(CHARITABLE)**

IMPORTANT NOTES

1. The completed form and supporting documents should be submitted via COR@L.
2. Submission of application which does not comply with Labuan FSA's requirement or which are unsatisfactory may be returned or rejected.
3. The form and supporting documents serves as general requirement of the application and pursuant to Section 72 of the Labuan Foundations Act 2010/Section 66 of the Labuan Islamic Financial Services and Securities Act 2010. Labuan FSA reserves the right to request for additional information and/or documents to support the application.
4. Any information supplied pursuant to this form will be dealt with in confidence in accordance to Section 71 of the Labuan Foundations Act 2010/Section 139 of the Labuan Islamic Financial Services and Securities Act 2010.
5. 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. Where documents are not in the national language of Malaysia or in English, please provide English-translated version of the documents, duly certified/notarized.
6. This document belongs to Labuan FSA, no modification or tampering with the format or its contents is permitted.
7. 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 being awarded.
8. For details of applicable legislations and guidelines pertaining to Labuan foundation please visit Labuan FSA's website at www.labuanibfc.com.my.
9. Processing fee and client charter. Client charter will commence upon complete submission of documentation and information to Labuan FSA:

Type of Processing	Processing Fee		Client Charter
	RM	USD	
Normal	750.00	200.00	21 working days
Fast Track	1,750.00	550.00	7 working days

APPLICATION TO REGISTER ☐ **LABUAN FOUNDATION**
 ☐ **LABUAN ISLAMIC FOUNDATION**
 ☐ **LABUAN INTERNATIONAL WAQF FOUNDATION**

Section 14, Labuan Foundations Act 2010

Section 107, Labuan Islamic Financial Services and Securities Act 2010

This application is submitted by: _____
 (Name of trust company / Secretary of the proposed Labuan foundation)

A: PARTICULARS OF THE APPLICATION

1. Name ¹	
2. Duration	
3. Purpose	
4. Type	<input type="checkbox"/> Conventional <input type="checkbox"/> Islamic If Islamic, please complete Section C for the Shariah Advisor
5. Category	<input type="checkbox"/> Public Charitable ² <input type="checkbox"/> Private Charitable ³ <input type="checkbox"/> Waqf

¹ Proposed name of the Labuan foundation should comply with sec. 13 of the LFA 2010 and clarification on any abbreviation or single letters used. Please include justification of the name, if any.

² Public charitable foundation is whereby endowment of assets from third parties and/or the public.

³ Private charitable foundation is whereby endowment of assets solely from the founder(s).

A: PARTICULARS OF THE APPLICATION

6. Initial Assets ⁴	<p>Actual value / Estimated value : _____</p> <p>Description / Type : _____</p> <p>Any Malaysian property to be endowed pursuant to Section 5(2) LFA 2010 during registration?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Actual value / Estimated value : _____</p> <p style="padding-left: 40px;">Type of property : _____</p> <p>Kindly indicate the source(s) of initial assets:</p> <p>_____</p> <p>(Please provide any supporting document on the source(s) of initial assets.)</p>
7. Future/Potential Property Endowment	<p>Estimated Value : _____</p> <p>Description / Type : _____</p> <p>Any Malaysian property to be endowed pursuant to Section 5(2) LFA 2010 as the future/potential property endowment?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Actual value / Estimated value: _____</p> <p style="padding-left: 40px;">Type of property : _____</p> <p>Kindly indicate the source of future / potential property endowment:</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Commission/Bonus</p> <p><input type="checkbox"/> Investments Deals <input type="checkbox"/> Business <input type="checkbox"/> Sales of Property</p> <p><input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Dividends <input type="checkbox"/> Sales of Business/Investment</p> <p><input type="checkbox"/> Other income (<i>please specify</i>): _____</p>
8. Method of the endowments collected by the Foundation	<p>By what means are the endowments collected by the foundation:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Corporate Sponsor <input type="checkbox"/> Specific Endownments</p> <p><input type="checkbox"/> Aid Programs <input type="checkbox"/> Others (<i>please specify</i>): _____</p>

⁴ Refer to the interpretation of the initial assets under Section 2 of LFA 2010.

A: PARTICULARS OF THE APPLICATION

9. Donor(s)

Kindly indicate category of donor(s):

☐ Individual☐ Corporate☐ Schools☐ Orgnatization☐ Others (*please specify*): _____Kindly fill up the below information (*where applicable*):

Name of Donor(s)	Nationality / Place of Incorporation	*Place/ Country of Business/ Operation

Note: *applicable for corporate donor(s) only.

10. Beneficiary(ies)

Kindly indicate category of beneficiary(ies):

☐ Family Members (*applicable to Private Charitable only*)☐ Organization(s) / Club(s)☐ Association(s)☐ School(s)☐ Public☐ Specific group (*please specify*): _____Kindly fill up the below information (*where applicable*):

Name of Beneficiary(ies)	Nationality/Place of Incorporation	*Place/ Country of Business/ Operation

Note: *applicable for corporate beneficiary(ies) only.

A: PARTICULARS OF THE APPLICATION

<p>11. Association/ Affiliations/ Counterparty (ies) (Optional)</p>	<p>Is the foundation intend to cooperate with other foundation(s) or entity(ies) or individual(s)?</p> <p>[] Yes</p> <p>[] No</p> <p>If Yes, kindly fill up the below information (<i>where applicable</i>):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 50%; padding: 5px;">Name of Association(s) / Affiliations / Counterparty(ies)</th> <th style="width: 25%; padding: 5px;">Nationality/Place of Incorporation</th> <th style="width: 25%; padding: 5px;">*Place/ Country of Business/ Operation</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> <p>Note: *applicable for corporate entity(ies) only.</p>	Name of Association(s) / Affiliations / Counterparty(ies)	Nationality/Place of Incorporation	*Place/ Country of Business/ Operation									
Name of Association(s) / Affiliations / Counterparty(ies)	Nationality/Place of Incorporation	*Place/ Country of Business/ Operation											
<p>12. Plan to establish a Representative Office⁵</p>	<p>[] Yes</p> <p>If yes, please specify the activities: _____</p> <p>[] No</p>												

⁵ Application for Representative Office can be made together with this application or apply separately with additional fee of RM300. Refer to Item 8.5 of the Guidelines on the Establishment of Labuan Foundation Including Islamic Foundation of the purpose of the office.

B. PROFILE OF INDIVIDUAL FOUNDER(S)*Important: All fields are mandatory and should not be left blank*

1. Name	[] Please tick if the Founder is a PEP ⁶	
2. IC/Passport No.		
3. Date of Birth / Age		
4. Nationality		
5. Residential Address		
6. Gender	[] Male	[] Female
7. Marital Status	[] Single	[] Married
8. Occupation	<div> <div> <input type="checkbox"/> Public/Government Sector <input type="checkbox"/> Private Sector </div> <div> <input type="checkbox"/> Business owner <input type="checkbox"/> Self Employed </div> <div> <input type="checkbox"/> Salaried <input type="checkbox"/> Student </div> <div> <input type="checkbox"/> Retired <input type="checkbox"/> Housewife </div> <div> <input type="checkbox"/> Unemployment <input type="checkbox"/> Others (please specify):_____ </div> </div> <div> <div>_____</div> <div>_____</div> </div> <div> Name of company/business/employer: _____ </div> <div> Designation: _____ </div> <div> Nature of the business: _____ </div> <div> (if applicable) </div>	
9. Estimated Annual Income	Kindly indicate the Estimated Annual Income: <div> <input type="checkbox"/> Less than USD 100,000 <input type="checkbox"/> USD 100,001 – USD 500,000 </div> <div> <input type="checkbox"/> USD 500,001 – USD 1 million <input type="checkbox"/> More than USD 1 million </div>	
10. Business Ownership	Is the founder own a company or holding a high rank position in any company? : <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If Yes, kindly fill up the below information: Name and address / place of business of the company: _____ <div> <div>_____</div> <div>_____</div> </div> Nature of business: _____	

⁶ PEP - Politically exposed person pursuant to FATF definition is an individual who is or has been entrusted with a prominent function.

B. PROFILE OF CORPORATE FOUNDER(S)
Important: All fields are mandatory and should not be left blank

1. Name													
2. Company No.													
3. Corporate Entity	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Public Listed												
4. Date and Place of Incorporation	Date: Place:												
5. Business Address													
6. Nature of Business													
7. Estimated Annual Turnover	Kindly indicate the Estimated Annual Turnover: <input type="checkbox"/> Less than USD 100,000 <input type="checkbox"/> USD 100,001 – USD 500,000 <input type="checkbox"/> USD 500,001 – USD 1 million <input type="checkbox"/> More than USD 1 million												
8. Share Capital	Is the founder have the capability to issued shares/share capital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill up the below information: Authorised Capital (MYR/USD) : _____ Paid up capital (MYR/USD): _____												
9. *Subsidiary (ies) Note: applicable to corporate founder(s) only	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate which country: 1) _____ 2) _____ 3) _____												
10. Ownership (shareholders/Beneficial ownership on the corporate)	List Names of Ownership (shareholders/Beneficial ownership on the corporate): <table border="1"> <thead> <tr> <th>No.</th> <th>Name</th> <th>Country of Residence</th> <th>Nationality</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No.	Name	Country of Residence	Nationality								
No.	Name	Country of Residence	Nationality										

**C. PROFILE OF THE OFFICER(S) / COUNCIL MEMBER(S) / SUPERVISORY PERSON(S) /
SHARIAH ADVISOR⁷**

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

Individual

1. Position to be Held				
2. Name	[] Please tick if the individual is a PEP ⁶			
3. IC/Passport No.				
4. Date of Birth / Age				
5. Nationality				
6. Residential Address				
7. Academic Qualification	Year	Type of Qualification/ Certification	Name of College/University/Others	
8. Current and Previous Employment	Year	Name of Employer(s)	Designation	Key Areas of Responsibilities
9. Professional Qualification and Membership (if any)	Year	Type and Details of Membership	Type of Qualification/ Certification	Name of Institution

Corporate

1. Name	
2. Company No.	
3. Date and Place of Incorporation	Date: Place:
4. Business Address	
5. Nature of Business	

⁶ PEP - Politically exposed person pursuant to FATF definition is an individual who is or has been entrusted with a prominent function.

⁷ Applicable to Islamic Foundation and Waqf Foundation.

D. DUE DILIGENCE CONDUCT AND DECLARATION BY TRUST COMPANY*Important: All fields are mandatory and should not be left blank*

1. Tools of KYC conducted on all individual/corporate involved in this application	<input type="checkbox"/> KYC360° <input type="checkbox"/> World Check Others. (please specify): _____ _____
2. If the initial endowment derived from the legal and lawful activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Author of the Charter	<input type="checkbox"/> Trust Company <input type="checkbox"/> Legal Firm <input type="checkbox"/> Applicant (Founder, Council Member etc) <input type="checkbox"/> Others. (please specify): _____ _____

RELEVANT AND SUPPORTING DOCUMENTS REQUIRED FOR SUBMISSION

(Please ✓ at the appropriate box and provide reason(s)/justification(s) for any non-submission)

APPLICABLE FOR BOTH PUBLIC AND PRIVATE CHARITABLE.

1. Copy of NRIC or Passport for individual	
a) Founder	
b) Officer	
c) Council Member	
d) Supervisory Person	
e) Shariah Advisor	
2. Copy of Curriculum Vitae / Resume of individual	
a) Founder	
b) Officer	
c) Council Member	
d) Supervisory Person	
e) Shariah Advisor	
3. Copy of latest Annual Return for corporate	
a) Founder	
b) Officer	
c) Council Member	
d) Supervisory Person	
e) Shariah Advisor	
4. Copy of consent letter to act as Council Member / Officer / Supervisory Person / Shariah Advisor to the foundation by:	
a) Council Member	
b) Officer	
c) Supervisory Person	
d) Shariah Advisor	
5. Statement of the Nominee Founder/Officer/Council Member/Supervisory Person (refer to Statement pursuant to the Circular on Beneficial Ownership of an Entity Incorporated/Registered in Labuan IBFC dated 12 March 2014 as per Appendix I)	
6. Statutory Declaration by Trust Company for Submission of Application as per Appendix II	
7. Declaration of True and Correct Information Submitted by the Founder(s) as per Appendix III	
8. Statutory Declaration by Founder/Council Member/Officer/Supervisory Person/Shariah Advisor/Secretary on Fit and Proper Person as per Appendix IV	

RELEVANT AND SUPPORTING DOCUMENTS REQUIRED FOR SUBMISSION*(Please ✓ at the appropriate box and provide reason(s)/justification(s) for any non-submission)***APPLICABLE FOR PUBLIC CHARITABLE ONLY.**

1. Form 1 (Conventional) / Form 8 (Islamic/Waqf) - Application for registration of Labuan foundation	
2. Form 2 (Conventional) / Form 9 (Islamic/Waqf) - Declaration by a Labuan trust company as secretary	
3. Charter / Waqfiyyah	
4. Article	
5. General Operating Plan	
6. Information Memorandum	
7. Standard Operating Plan for Accepting Donation	
8. Net worth statement certified by qualified accountant (applicable to an Individual Founder)	
9. 3 Years Audited Account (applicable to a Corporate Founder)	

APPLICABLE FOR PRIVATE CHARITABLE ONLY.

1. Form 1 (Conventional) / Form 8 (Islamic/Waqf) - Application for registration of Labuan foundation	
2. Form 2 (Conventional) / Form 9 (Islamic/Waqf) - Declaration by a Labuan trust company as secretary	
3. Charter / Waqfiyyah	
4. Article (Optional)	
5. Letter of Undertaking from the Founder ⁸ (Optional)	

⁸ Letter to be issued by the founder(s) to undertake that the initial endowment to the foundation will be solely funded by the founder(s).

**STATEMENT PURSUANT TO THE CIRCULAR DATED 12 MARCH 2014 FROM
THE LABUAN FINANCIAL SERVICES AUTHORITY**

Type of Entity: (Labuan company/Trust/Foundation/Partnership)

Name of Entity:

We, (trust company's name and address)*, the secretary/ trustee/ registered agent duly appointed to undertake the incorporation/registration of the above-name entity do solemnly and sincerely declare that –

- (a) we/I/mr/ms/mrs, (name of trust officer/subsidiary company of trust company/name of founder/name of other person which has been appointed as nominee by BO)* is a nominee / proxy (shareholder/ partner/ director/ founder/ council member/ supervisory person/ officer/ trustee/ protector/ enforcer) for (name of entity).
- (b) all due diligence and security vetting has been performed on the beneficial owner (including the other person who has been appointed as nominee which is not a trust officer or officer of Labuan trust company); and
- (c) the detail records of beneficial ownership and other records as required provided under the relevant section pursuant to paragraph 1.2 of the Directive on Accounts and Record-Keeping Requirement for Labuan Entities is available or will be available in our office.

Dated this _____

(Name of Officer/Authorised person Signature)

(*) – Delete which inapplicable

STATUTORY DECLARATION BY TRUST COMPANY RESPONSIBLE FOR SUBMISSION OF APPLICATION

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

I,.....(name) of(address), NRIC/Passport no: the trust officer of(name of trust company) being the party responsible for the submission of application for(name of applicant) do solemnly and sincerely declare that in relation to the above application:

1. I have conducted due diligence process on(name of applicant) and on its founder(s), council member(s), supervisory person(s), officer(s), shariah advisor(s) and other persons or companies that involved and related to the application and satisfied with the result thereof.
2. I am satisfied that the requirements of all legislation and applicable guidelines including but not limited to Guidelines on Fit and Proper Person and Anti-Money Laundering and Anti-Terrorism Financing Act 2001 in respect of the above application have been complied with.
3. I am satisfied that the source of the initial asset(s) endowed to the foundation is derived from lawful and legal activities.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declaration Act 1990/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 FOUNDER
Important: All fields are mandatory and should not be left blank

I.....NRIC/Passport No:.....

the founder for the proposed foundation namely, 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 75 of the LFA.
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 or our appointed Labuan trust company being the agent approved by Labuan FSA.

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.....

Signature

Before me,

.....

(Commissioner for Oaths/Notary Public)

STATUTORY DECLARATION BY INDIVIDUAL FOUNDER/COUNCIL MEMBER/OFFICER/SUPERVISORY PERSON/SHARIAH ADVISOR ON FIT AND PROPER PERSON

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

I,NRIC/Passport No:....., individual shareholder/director/trust officer of.....(name of the Labuan company), 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)