

Fax No.:

Address of places of business in Labuan (if any):

The full names and addresses of all partners of the firm with relevant dates are*—

Full Name	Residential Address	**Qualification	+Changes and Relevant Dates

*Applicable to approved auditors only

Dated this day of in the year of

.....
Partner of the Firm

** State qualification using abbreviation e.g. Certified Public Accountant – CPA., Associate of Chartered Accountants, United Kingdom – A.C.A. (U.K), Bachelor in Accounting –B Acc., etc.

+ Insert in relation to a partner "Appointed" or "Admitted" or "in place of (name of former partner)". Insert in relation to a former partner "Died", "Resigned", "Removed" or "Withdrawn" as the case may be. RELEVANT DATE SHOULD BE INSERTED.

Lodged in the office of the Labuan Financial Services Authority in Labuan by— Name: Address: Telephone No.: Facsimile No.:	<i>For Office Use</i>
	Date of Registration:
	Receipt No.:
	Checked by:

FORM 4

Labuan Companies Act 1990

(Subsection 12(1))

APPLICATION FOR APPROVAL AS AN APPROVED LIQUIDATOR

To

Director General

Labuan Financial Services Authority

Labuan, Malaysia

Application is made for approval as an approved liquidator pursuant to subsection 12(1) of the Labuan Companies Act 1990 and the following statements are made in respect thereof:

1. (a) Name of applicant:
- (b) NRIC. No./Passport No.:
- (c) Residential address:

(d) Nationality:

(e) Academic and professional qualification:

(f) Names and addresses of accounting firm of which the applicant is a member:
.....

(g) Name and addresses of any employers:
.....

(h) Full addresses, email address, facsimile and telephone numbers of the place at which the applicant is to practise as an approved liquidator:
.....
.....

(i) Details of relevant experience:
.....
.....

2. Has the applicant been—

(a) refused the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required in Malaysia or elsewhere?
(Answer "Yes" or "No". If "Yes", give details):
.....

(b) subjected to any form of disciplinary action by a professional body of which he is or was a member?
(Answer "Yes" or "No". If "Yes", give details):
.....

3. Has the applicant ever—

(a) been convicted of any offence, other than a traffic offence, in Malaysia or elsewhere?
(Answer "Yes" or "No". If "Yes", give details):
.....

(b) had judgement given against him in any civil proceedings, wherein fraud was alleged, in Malaysia or elsewhere?
(Answer "Yes" or "No". If "Yes", give details):
.....

(c) at any time been declared bankrupt, or compounded with or made an assignment for the benefit of his creditors in Malaysia or elsewhere?
(Answer "Yes" or "No". If "Yes", give details):
.....

4. Has the applicant had any experience in performing the functions of a liquidator for a company?

(Answer "Yes" or "No". If "Yes", give details of experience over the immediate preceding five years):
.....

5. State the names, addresses and occupations of person from whom the Authority may inquire for the purposes of this application, in regard to the applicants conduct, character, experience and ability:

I declare that all information given in this application and in the attached annexure(s) (if any) is true and correct.

Dated this day of in the year of

.....
Principal Partner

Note: If space is insufficient to provide details, please attach annexure(s). Any such annexure(s) should be identified as such and signed by the signatory to this application.

FORM 5

Labuan Companies Act 1990
(Subsection 12(1))

Approval No.:

APPROVAL AS AN APPROVED LIQUIDATOR

The Labuan Financial Services Authority, in exercise of the powers under subsection 12(1) of the Act, approves of to be an approved liquidator for the purposes of the Act.

Dated this day of in the year of

.....
For Labuan Financial Services Authority
Federal Territory of Labuan
Malaysia

FORM 6

Labuan Companies Act 1990
(Subsection 15(2)/section 130q)

STATUTORY DECLARATION OF COMPLIANCE

*..... (NAME OF LABUAN COMPANY/LABUAN PROTECTED CELL COMPANY)

I, of
*NRIC/Passport No.: *resident director/resident secretary

