

PART 4: INFORMATION ON THE APPLICANT'S DIRECTORS, CEO, FAR AND INDIVIDUAL SHAREHOLDERS*(Please make copies of PART 4 for each individual)***Designation of key responsible person. Please tick where applicable. Tick more than one box if you hold more than one position**
 Director

 Chief Executive Officer

 Shareholder

NAME [Encik/Puan/Others (please specify)]

NRIC NO.

PASSPORT NO. (For foreign candidate only)

New

Old

DATE OF BIRTH

NATIONALITY

RESIDENTIAL ADDRESS

CONTACT DETAILS

Telephone No.

Email

ACADEMIC AND PROFESSIONAL QUALIFICATION - Please state the latest qualification obtained first.*(If space provided is insufficient, please provide a separate sheet)*

| Qualification | Institution | Country | Year Obtained |
|---------------|-------------|---------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CURRENT EMPLOYER INFORMATION

Organization Name

Designation

Main Responsibilities

Duration (From)

Address

Telephone No.

Email Address

PREVIOUS WORKING EXPERIENCE - Please state the latest position held first.*(If space provided is insufficient, please provide a separate sheet)*

| Position Held/Dept | Main Responsibilities | Organisation | Principal Activity | Country | Duration | |
|--------------------|-----------------------|--------------|--------------------|---------|----------|----|
| | | | | | From | To |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

EXPECTED CONTRIBUTION TO THE PROPOSED BUSINESS**RELATIONSHIP WITH PRODUCT PROVIDERS**

Has the candidate ever been registered as agent with the Life Insurance of Malaysia, General Insurance Association of Malaysia OR Malaysian Takaful Association?

No Yes (please specify details in the space below)

| Name of insurer/takaful operator | Period | |
|----------------------------------|--------|----|
| | From | To |
| | | |
| | | |
| | | |

Does the candidate own, either directly or indirectly, equity interest in any insurance companies/takaful operators licensed under the FSA/IFSA?

No Yes (please specify details in the space below)

| Name of insurer/takaful operator | No. and % shares held | Does the candidate have 'Control' * over the insurer/takaful operator? |
|----------------------------------|-----------------------|---|
| | | |
| | | |
| | | |

* Definition of **'Control'** as per section 2(3) of the FSA/IFSA. A person shall be presumed to have control over an institution if such person :-

(a) has an interest of more than 50% of the shares in the licensed person or corporation: or

(b) unless proven otherwise-

- (i) has the power to elect, appoint, remove or prevent from election, appointment or removal, or cause to be elected, appointed, removed or prevented from being elected, appointed or removed, a majority of the directors of the licensed person or corporation;
- (ii) has the power to make or cause to be made decisions in respect of the business or administration of the licensed person or corporation, and to give effect to such decisions or cause them to be given effect to or;
- (iii) is a person in accordance with whose directions, instructions or wishes the directors, chief executive officer or senior officers of the licensed person or corporation are accustomed or under obligation, whether formal or informal, to act.

Does any of the candidate's close relatives (i.e spouse, children, parents, siblings) have equity interest in any insurance companies/takaful operators licensed under the FSA/IFSA?

No Yes (please specify details in the space below)

| Name | Relationship with candidate | Name of insurer/takaful operator | Position in insurer/takaful operator |
|------|-----------------------------|----------------------------------|--------------------------------------|
| | | | |
| | | | |
| | | | |

PRESENT DIRECTORSHIP HELD IN COMPANIES - Including Authorized Person and Financial Holding Company
(If space provided is insufficient, please provide a separate sheet)

| Company Name | Company Registration No. | Principal Activity | Country | Date of Appointment |
|--------------|--------------------------|--------------------|---------|---------------------|
| | | | | |
| | | | | |

PAST DIRECTORSHIP HELD IN COMPANIES - Including Authorized Person and Financial Holding Company
(If space provided is insufficient, please provide a separate sheet)

| Company Name | Company Registration No. | Principal Activity | Country | Duration | |
|--------------|--------------------------|--------------------|---------|----------|----|
| | | | | From | To |
| | | | | | |
| | | | | | |

Person includes an individual, any corporation, statutory body, local authority, society, trade union, co-operative society, partnership and any other body, organization, association or group of persons, whether corporate or unincorporate.

Authorized Person means a person licensed under section 10 of FSA/IFSA or approved under section 11 of FSA/IFSA to carry on an authorized business.

Financial Holding Company means a company which :

- holds an aggregate of more than 50% of interest in shares of a licensed person, or has an aggregate interest in shares of 50% or less but has control over a licensed person; and
- has obtained the approval of the Bank pursuant to subsection 112 (3) to be a financial holding company of such licensed person.

INFORMATION ON FINANCIAL OBLIGATIONS - Please refer to definitions below before completing this section.
(If space provided is insufficient, please provide a separate sheet)

INDIVIDUAL /JOINT/BUSINESS ACCOUNT

| Name of Borrower | Company Registration No./NRIC No. | Financial Institution | Type of Account | Account No. |
|------------------|-----------------------------------|-----------------------|-----------------|-------------|
| | | | | |
| | | | | |

FAMILY-OWNED COMPANY BUSINESS ACCOUNT

| Name of Borrower | Company Registration No./NRIC No. | Financial Institution | Type of Account | Account No. |
|------------------|-----------------------------------|-----------------------|-----------------|-------------|
| | | | | |
| | | | | |

FINANCIAL GUARANTEE GIVEN TO A PERSON

| Name of Borrower | Company Registration No./NRIC No. | Financial Institution | Type of Account | Account No. |
|------------------|-----------------------------------|-----------------------|-----------------|-------------|
| | | | | |
| | | | | |

FINANCIAL OBLIGATIONS - refers to all personal/joint account/business account (excluding savings account and fixed deposit accounts), liabilities, family-owned company account and provision of guarantees where the applicant is ultimately liable.

INDIVIDUAL /JOINT/BUSINESS ACCOUNT - refers to liabilities such as Term Loan, Housing Loan, Vehicle Loan, Overdraft, Current Account with overdraft facility, Credit Card, Charge Card, Off Balance Sheet Item and other liabilities where the applicant is ultimately liable for the debts of the borrower. Liability for Credit Card and Charge Card includes the supplementary cardholder.

FAMILY-OWNED COMPANY BUSINESS ACCOUNT

Family-Owned Company means a corporation in which (a) the applicant, (b) that applicant's spouse or (c) that applicant's child, holds, or any two or more of the persons mentioned above, hold, severally or jointly, interests in shares of more than fifty per centum of the shares of the corporation.

Family-owned Company Business Account - refers to liabilities such as Term Loan, Bridging Loan, Vehicle/Hire Purchase Loan, Overdraft, Current Account with overdraft facility, Credit Card, Charge Card, Off Balance Sheet Item and other liabilities of the family-owned company, where the applicant is ultimately liable for the debts of the borrower. Liability for Credit Card and Charge Card includes the liability of the supplementary cardholder.

FINANCIAL GUARANTEE includes personal guarantee or corporate guarantee, indemnities, undertakings or other obligations where the applicant is ultimately liable in whatsoever manner for the debts of the company/business/partnership/borrower.