**FEDERATION OF INVESTMENT MANAGERS MALAYSIA (272577-P)**



19-06-1, 6th Floor, Wisma Tune,

No. 19, Lorong Dungun, Damansara Heights,

50490 Kuala Lumpur.

Tel : 03-2093 2600 Fax : 03 -2093 2700

Website www.fimm.com.my

E-mail: info@fimm.com.my

**NOTIFICATION ON MARKETING AND DISTRIBUTION OF UNIT TRUST SCHEMES (UTS) / PRIVATE RETIREMENT SCHEMES (PRS) / FOREIGN FUNDS**

Please print in **BLOCK LETTERS.**

**1. CATEGORY OF APPLICANT**

Please choose one (1) category only.

**Institutional UTS Adviser (IUTA) Corporate UTS Adviser (CUTA)**

**Institutional PRS Adviser (IPRA) Corporate PRS Adviser (CPRA)**

**2. NOTIFICATION DETAILS**

1. Is this the first notification of UTS/PRS/foreign funds\* submitted by your company?

***(Please (🗸) where applicable)***

 YES NO

If YES, please confirm on items (i), (ii) and (iii), if NO, please proceed to item (b) below:

1. Registration of minimum two (2) UTS Consultants/PRS Consultants\* at each Distribution Point/Mobile Distribution Point(s) is completed.
2. Your company has at least one (1) Distribution Point/Mobile Distribution Point. Please provide the particulars of each Distribution Point/Mobile Distribution Point with the respective appointed UTS Consultants/PRS Consultants.
3. You have entered distribution arrangement with the Unit Trust Management Company (UTMC) /IUTA/PRS Provider/IPRA/Operator\*.

The effective date of commencement of operations is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide the name(s) of the UTS/PRS/foreign fund(s)\* and the intended date of distribution which your company will be marketing and distributing on behalf of the UTMC/IUTA/PRS Provider/IPRA/Operator\*. If the space in this form is insufficient, kindly use separate annexure.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of UTMC / IUTA / PRS Provider / IPRA / Operator\*** | **Name of Fund** | **Related Party (/)** | **Third Party (/)**  | **Retail / Wholesale** | **Date of Distribution** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3. DOCUMENT CHECKLIST [Please tick (√) where applicable]**

Please furnish FIMM with the following documents.

 Cover Letter.

 Notification Form on Marketing and Distribution of UTS / PRS / Foreign Funds.

A Certified True Copy of relevant pages of the distribution arrangement which include the following information:

1. The date of the arrangement
2. Parties to the distribution arrangement
3. The list of UTS / PRS / foreign fund(s)\* for distribution
4. Execution page

A Certified True Copy of an appointment letter / supplemental arrangement for subsequent UTS / PRS / foreign(s)\* for distribution. (if applicable).

A copy of the consent letter from the UTMC / PRS Provider / Operator\* to allow for sub-distribution arrangement (if applicable).

**4. DECLARATION**

We confirm that all the information given above and the attached documents (if any) is true and correct and will form the basis of our notification of UTS/PRS/foreign fund(s)\* pursuant to FIMM Rules.

We further acknowledge that we are fully aware of the said Rules and agree to comply with the same.

Name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorised signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please affixed rubber stamp / company seal

Note: \*strike off which ever not applicable.