

29 April 2015

**CIRCULAR** : BR/AL/NO/TLK-val/018-15  
(TOTAL NO. OF PAGES:2)

**TO** : i. UNIT TRUST MANAGEMENT COMPANIES (“UTMC”)  
ii. INSTITUTIONAL UNIT TRUST ADVISERS (“IUTA”)  
iii. CORPORATE UNIT TRUST ADVISERS (“CUTA”)

**ATTN** : AUTHORISED REPRESENTATIVE/CHIEF EXECUTIVE OFFICER

## APPLICATION FORM FOR RE-REGISTRATION AS UNIT TRUST CONSULTANTS (“UTC”)

Please find enclosed the “**Application Form for Re-registration as Unit Trust Consultants (“UTC”)**”.

Please be advised that effective **1 May 2015**, the application form for re-registration must be completed by the applicant who intends to re-register with FIMM as UTC, where applicable.


Kindly refer to the UT Application Kit posted on the FIMM’s website for the latest application form and the supporting documents required for the submission of application for re-registration as UTC. The UT Application Kit can be accessed via the link below:

“**Quick Links (Distributors)**”> “**UT Application Kit**”

If you need further clarification on this matter, kindly contact Ms. Alin (ext: 326) or Ms. Valli (ext: 325) of Business Registration Department at 03-2093 2600.

Thank you.

Yours faithfully  
**Federation of Investment Managers Malaysia**

  
Nazaruddin Othman  
Chief Executive Officer

**APPLICATION FORM**

Batch No:

**FOR RE-REGISTRATION AS UNIT TRUST CONSULTANTS ("UTC")**

*(please complete this form in BLOCK letters and tick (v) one where applicable)*

**A. PERSONAL PARTICULARS OF THE APPLICANT**

Name: (as in NRIC)

Identification No: (New)  -  -

Identification No: (Old)  Passport No.  *(for non-Malaysian)*

Date of Birth:  -  -  Sex:  Female  Male Race:

*(dd/mm/yyyy)* *(please tick where applicable)*

Mailing Address:

Post Code  State

Tel: (Off/Handphone)  -  (House)

Email Address:

**B. TYPES OF REGISTRATION**

Category of Consultant:  Tied-Agent  Full-Time Employee (please complete section C)

Name of UTMCI/IUTA/CUTA:

FIMM Member Code:

**C. PARTICULARS OF DEPARTMENT AND DISTRIBUTION POINT (For Full-Time Employee only)**

Department:  Sales and Marketing  Training  Customer Service  Compliance  Others *(please specify)* \_\_\_\_\_

Distribution Point Code:

Distribution Point Name:

Address:

Post Code  State

**D. APPLICANT'S DECLARATION**

- I declare that the information provided in this application form is true, correct and complete.
- Pursuant to the Personal Data Protection Act 2010, I confirm that I have read and understood FIMM's Personal Data Notice available on its website and I hereby consent for my personal data provided herein to be processed by FIMM for the purposes stated in the Personal Data Notice.
- Pursuant to the Credit Reporting Agencies Act 2010, I hereby expressly consent and authorise FIMM to obtain and/or disclose any Credit Information relating to me from and/or to Credit Reporting Agency or any source deemed appropriate and reasonable for the purposes of this application for registration with FIMM. This consent shall remain in effect during the period of registration with FIMM as UTS Consultant.

Applicant's signature \_\_\_\_\_  
 Date:  -  -