

**Applicant must complete the application form (Part A - Part D)**

Affix one passport-size colour photograph

Please use glue to affix the photo here and do not use a stapler on the photograph

**APPLICATION FOR REGISTRATION OF UNIT TRUST SCHEME CONSULTANT ("UTS Consultant")**

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

Batch No:

**A. TYPE OF APPLICATION**

Computerized Unit Trust Examination (CUTE)  
*(please complete all Sections)*

Exemption for CUTE  
*(please complete all Sections except Section E & F)*

Category of Exemption:  CEO  Director  Fund Manager  Financial Planner  Former UTS Consultant / Vary Registration

**Note: Candidate is required to pass CUTE prior to registration as UTS Consultant unless exempted from CUTE**

Please ensure all the applicable check box are ticked (v) for the type of application

**B. 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:

Mailing Address:

Post Code  State

Tel: (Off/Handphone)  -  (House)  -

Email Address:

Highest Educational Qualification:  SPM  STPM  Diploma  Degree  Post-graduate  Others *(please specify)*

**C. TYPES OF CONSULTANT**

Category of Consultant:  Agent  Employee

Apprenticeship Program:  Yes  No *(applicable for Corporate Unit Trust Adviser only)*

Name of UTM/C/IUTA/CUTA:

FIMM Member Code:

Ensure to fill in with your company name in full and FIMM member code.

**D. PARTICULARS OF DEPARTMENT AND DISTRIBUTION POINT**

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

Distribution Point Code:

Distribution Point Name:

Address:

Post Code  State

**E. PARTICULARS OF COMPUTERIZED UNIT TRUST EXAMINATION**

First Time  Resit  
*Note: please provide date of last CUTE*

Language:  English  B Malaysia  Chinese

Examination Location & Examination Centre Code

<input type="checkbox"/> Alor Setar (OUM ALOR SETAR)	<input type="checkbox"/> Kota Kinabalu (I-SKILLSBKK)	<input type="checkbox"/> Petaling Jaya 3 (ARCNET A/C)
<input type="checkbox"/> Ipoh (OLYMPRIIP)	<input type="checkbox"/> Kuala Terengganu (OUM TGG)	<input type="checkbox"/> Petaling Jaya 2 (TESSRDSGPJ)
<input type="checkbox"/> Johor Bahru (IWORLDHJB)	<input type="checkbox"/> Kuantan (KYP KUANTAN)	<input type="checkbox"/> Seremban (OUMNSSM)
<input type="checkbox"/> Klang Valley (ARCNWPKL1)	<input type="checkbox"/> Kuching (ACSWKH)	<input type="checkbox"/> Sibul (ASIACOMSWSB)
<input type="checkbox"/> Klang Valley (ARCNWPKL2)	<input type="checkbox"/> Melaka (OUM MELAKA)	<input type="checkbox"/> Tawau (OUMSBTW)
<input type="checkbox"/> Klang Valley (ARCNWPKL3)	<input type="checkbox"/> Miri (BCOMSWMR)	
<input type="checkbox"/> Kota Bahru (PPKT KB)	<input type="checkbox"/> Penang (IWORLDPGBL)	

Session Time Code:  1 9.00am - 11.00am  2 12.00noon - 2.00pm  3 3.00pm - 5.00pm

<b>1st Preferred Examination Session:</b>	Examination: <input type="text"/>	Examination: <input type="text"/>	Session Time: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Centre Code: <input type="text"/>	Date: <input type="text"/>	
<b>2nd Preferred Examination Session:</b>	Examination: <input type="text"/>	Examination: <input type="text"/>	Session Time: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Centre Code: <input type="text"/>	Date: <input type="text"/>	
<b>3rd Preferred Examination Session:</b>	Examination: <input type="text"/>	Examination: <input type="text"/>	Session Time: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Centre Code: <input type="text"/>	Date: <input type="text"/>	

**F. INFORMATION FOR CUTE VERIFICATION PURPOSES (Please refer to note no. 7 below)**

Father's Full Name:

**G. TERMS AND CONDITIONS**

**General**

**1. Submission of Applications**

The applicant must submit the completed application form accompanied with the pre-requisite documents to the UTMC, IUTA or CUTA that the applicant is affiliated to.

**2. Variations**

If FIMM finds any discrepancy in the details provided by the applicant in this application form and the details provided by the UTMC, IUTA or CUTA that the applicant is affiliated to in the I3 System, FIMM will treat the details submitted by the UTMC, IUTA or CUTA as final. FIMM will not be responsible for any data error that could result in the applicant being rejected for the registration as UTS Consultants

**3. Payments**

Fees must be made payable to the UTMC, IUTA or CUTA that the applicant is affiliated to.

Fees must **NOT** be made payable to FIMM.

Fees are non-refundable.

**For CUTE Only**

**1. Submission of Applications**

All application form must reach FIMM before the closing date of each CUTE session. FIMM will not accept any late entry. FIMM does not allow any applicant to make any alteration to examination entry after the closing date. FIMM may reject an applicant from sitting for the CUTE, if the applicant provides any false information or omit any information required for purposes of the CUTE.

**2. Examination Location**

The applicant is required to select the Examination Centre for any of the CUTE sessions in Section E of this application form. If the applicant fails to indicate the preferred Examination Centre in Section E, a location nearest to the mailing address on this application form will be selected on behalf by the UTMC, IUTA or CUTA that the applicant is affiliated to.

**3. Examination Session**

The applicant is required to indicate three (3) preferred CUTE sessions in Section E of this application form. If the applicant fails to indicate the three (3) preferred CUTE sessions in Section E, three (3) preferred CUTE sessions will be selected on behalf by the UTMC, IUTA or CUTA that the applicant is affiliated to.

**4. Examination Timetable**

The applicant is required to refer to the CUTE timetable for the dates of available CUTE sessions. For detailed information, please contact the person in charge of the UTMC, IUTA or CUTA that the applicant is affiliated to.

**5. Examination Notification**

The applicant may obtain Candidate Examination Number from the UTMC, IUTA or CUTA that the applicant is affiliated to.

**6. Postponement/Withdrawal of Examination**

The applicant is **NOT ALLOWED** to request for postponement of CUTE under any circumstances. If an applicant withdraws his/her application to sit for the CUTE or fails to present himself/herself for the CUTE, no full or part of the fee will be refunded.

**7. Information for CUTE Verification Purposes**

The applicant is required to provide father's full name in Section F of this application form for purposes of logging into the CUTE system during the CUTE sessions. Failure to log in the CUTE system due to data discrepancies, will lead to candidate concerned not being able to take the CUTE and therefore he/she will be treated as absent.

**8. Variations**

If FIMM finds any discrepancy in the details provided by the applicant in this application form and the details provided by the UTMC, IUTA or CUTA that the applicant is affiliated to in the I3 System, FIMM will treat the details submitted by the UTMC, IUTA or CUTA as final. FIMM will not be responsible for any data error that could result in the applicant being rejected to sit for the CUTE.

**H. APPLICANT'S DECLARATION**

1. I declare that the information provided in this application form is true, correct and complete and that I am bound by the rules and regulations regarding the CUTE set by FIMM.

2. Pursuant to the Personal Data Protection Act 2010, I confirm that I have read and understood FIMM's Privacy 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 Privacy Notice.

3. Pursuant to the Credit Reporting Agencies Act 2010, I hereby expressly consent and authorise FIMM to obtain and/ relating to me from and/or to Credit Reporting Agency or any source deemed appropriate and reasonable for the purposes of the FIMM. This consent shall remain in effect during the period of any registration with FIMM as a UTS Consultant.

**The applicant's signature must be the same as on the Statutory Declaration form**

**The applicant's sign-off date**

Applicant's signature:

Date:  -  -

**I. FOR FIMM USE ONLY**

Remarks:	Date Processed for Examination:	FIMM No.:	Result: <i>(please tick where applicable)</i> <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Absent
	Date Processed for Registration:	Date issued:	