

29 April 2015

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(TOTAL NO. OF PAGES:2)

TO : i. PRIVATE RETIREMENT SCHEME ("PRS") PROVIDERS ("PRS PROVIDERS")
ii. INSTITUTIONAL PRS ADVISERS
iii. CORPORATE PRS ADVISERS

ATTN : AUTHORISED REPRESENTATIVE/CHIEF EXECUTIVE OFFICER

APPLICATION FORM FOR RE-REGISTRATION AS PRIVATE RETIREMENT SCHEME CONSULTANTS ("PRC")

Please find enclosed the "Application Form for Re-registration as Private Retirement Scheme Consultants ("PRC")".

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 PRC, where applicable.

Kindly refer to the PRS 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 PRC. The PRC Application Kit can be accessed via the link below:

"Quick Links (Distributors)"> "PRS 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

FOR RE-REGISTRATION AS PRIVATE RETIREMENT SCHEME CONSULTANTS ("PRC")

Batch No:

(Please complete this form in BLOCK letters and tick (✓) one where applicable)

A. PERSONAL PARTICULARS OF THE APPLICANT

Name (as in NRIC)																								
Identification No. (NRIC)					-			-																
Identification No. (OH)					Passport No.					(If new holder)														
Date of Birth: (dd/mm/yyyy)					Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Race:																	
Mailing Address:																								
Post Code							State																	
Tel. (Off/Residential)									(Residential)															
Email Address:																								

B. TYPES OF REGISTRATION

Category of PRC:	<input type="checkbox"/> Tied Agent	<input type="checkbox"/> Full-Time Employee (Please complete section C)																						
Name of PMP/PRA/CPRA																								
PSC Distributor Code:																								

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

Department:	<input type="checkbox"/> Sales and Marketing	<input type="checkbox"/> Training	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Compliance	<input type="checkbox"/> 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 2012, 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 2013, I hereby expressly consent and authorize FIMM to obtain and/or disclose any Credit Information relating to me from and/or to Credit Reporting Agency or any other 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 PRC Consultant.

Applicant's signature

Date: - -