



FORM 2

SECURITIES MARKETS ORDER, 2013 [Section 157]

APPLICATION FOR CAPITAL MARKETS SERVICES REPRESENTATIVE'S LICENCE

Application is made for a licence under section 157 of the Securities Markets Order, 2013 and the following particulars are supplied in respect thereof –

SECTION I : APPLICANT'S NAME	
Name:	
SECTION II : REGULATED ACTIVITY	
Please tick (✓) the regulated activity(s) you intend to carry out:	
<input type="checkbox"/> Dealing and arranging deals and transactions in investment as principal or agent <input type="checkbox"/> Safekeeping and administration of assets including custodial services <input type="checkbox"/> Managing investments including CIS management and or establishing, operating or winding up a CIS	<input type="checkbox"/> Giving or offering investment advice in his or her capacity as an investment adviser <input type="checkbox"/> Giving or offering investment advice in his or her capacity as a financial planner <input type="checkbox"/> Using computer based systems for giving investment instructions
If the regulated activity of dealing has been chosen, please tick (✓) the type of investment(s) you intend to deal in:	<input type="checkbox"/> Dealing in all investments <input type="checkbox"/> Dealing in units in collective investment schemes only <input type="checkbox"/> Dealing in unlisted debt securities only <input type="checkbox"/> Dealing in any other type of securities only Please specify: <i>E.g. Investment-linked insurance contracts</i>
Name of Principal:	
Representative's relationship with principal:	<input type="checkbox"/> Salaries <input type="checkbox"/> Commissioned <input type="checkbox"/> Others (<i>Please specify</i>): _____
SECTION III : APPLICANT'S PROFILE	
(a) Personal Details	
Name (as per NRIC / passport):	

Date of birth (dd/mm/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality:				
NRIC no.: (For Bruneian)				
Passport information: (For non-Bruneian)	Country of issue:			
	Expiry date (dd/mm/yyyy):			
	Work Permit	<i>(Reference no. of work permit)</i>		
Residential address:				
Personal E-mail:				
Contact no.:	Home:	Mobile:		
(b) Office Details				
Office / correspondence address:				
Work E-mail:				
Contact no.:	Office:	Fax:		
(c) Academic or Professional Qualifications				
Please list according to highest qualification:				
Qualification	Masters / Degree / Certificate / Professional	University / College / School / Others	Year	
(d) Employment History				
Please list according to most recent employment:				
Date (mm/yyyy):		Name of employer & designation held	Description of duties	Capital market / financial services related?
From	To			
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any disciplinary actions issued against you?		<input type="checkbox"/> No <input type="checkbox"/> *Yes	<i>(*Please indicate for what reason and by whom)</i>	
SECTION IV : LICENSING EXAMINATION				
(i) Have you taken the appropriate examinations needed		<input type="checkbox"/> No <input type="checkbox"/> Yes		

to carry on one or more regulated activity(s)?			
(ii) Please name the relevant licensing examination module(s) and date passed in the last 3 years, if applicable.	Module:		Date passed (dd/mm/yy):
	Module:		Date passed (dd/mm/yy):
	Module:		Date passed (dd/mm/yy):
	Module:		Date passed (dd/mm/yy):
(iii) Have you been exempted by the Authority from taking any relevant licensing examination?	<input type="checkbox"/> No <input type="checkbox"/> *Yes		(*Please state the date of the exemption letter issued by the Authority)
SECTION V : DECLARATION			
If the answer to any of the following questions is in the affirmative, attach annexes and supporting documents, where appropriate, to provide all relevant particulars. If there is any doubt with respect to any part of this section, please provide all relevant information to demonstrate that the applicant is considered to be fit and proper person.			
		Yes	No
1.	Has the applicant purchased or sold securities that are quoted on a stock exchange, whether directly or indirectly (which includes purchases or sales through his own nominees for/on behalf of his relatives) for his own account during the 12 months immediately preceding the date of this application? <i>(If yes, please attach supporting documents to include name of securities and details of holdings, acquisition and disposal)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the applicant a director of any other corporation, wherever incorporated? <i>(If yes, please provide details of any directorships held now and during the last 10 years, including details of the employer and dates of the employment)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the applicant own, either directly or indirectly, 5% or more of the voting shares of any corporation, wherever incorporated?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the applicant been-	Yes	No
	(a) licensed or registered in any capacity in any place outside Brunei Darussalam under any law or regulation which requires licensing or registration to deal or trade in securities or futures?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) licensed, registered or otherwise authorised to carry on any trade, business or profession in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) refused the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required, in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) been convicted of any offence, or are there any proceedings now pending which may lead to a conviction of any offence involving fraud or other dishonesty or violence?	<input type="checkbox"/>	<input type="checkbox"/>
	(e) had judgement involving findings of fraud or other dishonesty, violence, misrepresentation, breach of contract, breach of fiduciary	<input type="checkbox"/>	<input type="checkbox"/>

	duty or professional negligence given against him, as the case may be, in any civil proceedings, or are there any proceedings now pending that may lead to such a judgement?		
	(f) contravened any written law for protecting members of the public against financial loss due to dishonesty, incompetence or malpractice by persons concerned in the provision of financial services or the management of companies or against financial loss due to the conduct of discharged or undischarged bankrupts?	<input type="checkbox"/>	<input type="checkbox"/>
	(g) been declared a bankrupt or entered into a composition or arrangement with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
	(h) been subjected to any form of disciplinary proceedings or actions by any professional or regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has the applicant ever been a member or partner in a member firm or a director of a member company of any exchange where, at the time of his or her membership / partnership / directorship, that member firm or member company has been-	Yes	No
	(a) refused membership of any exchange?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) expelled or suspended from trading on or the membership of any exchange?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) subjected to any other form of disciplinary action by any exchange?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the applicant been involved in the management of a corporation in Brunei Darussalam or elsewhere which at the time of his or her involvement, the corporation-		
	(a) been convicted of any offence, or are there any proceedings now pending which may lead to a conviction of any offence, involving fraud or other dishonesty or violence?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) had judgement involving findings of fraud or other dishonesty, or violence, misrepresentation, breach of contract, breach of fiduciary duty or professional negligence given against it in any civil proceedings, or are there any proceedings now pending that may lead to such a judgement?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) contravened any written law for protecting members of the public against financial loss due to dishonesty, incompetence or malpractice by persons concerned in the provision of financial services or the management of companies, or against financial loss due to the conduct of discharged or undischarged bankrupts?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) had a receiver and/or manager been appointed in respect of any of the assets of the said corporation?	<input type="checkbox"/>	<input type="checkbox"/>
	(e) entered into a compromise or arrangement with creditors or members?	<input type="checkbox"/>	<input type="checkbox"/>
	(f) had a petition presented in a court for its winding up?	<input type="checkbox"/>	<input type="checkbox"/>
	(g) been subjected to any form of disciplinary proceedings or action by any professional or regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI : SUPPORTING DOCUMENTS			
(*) are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.		Appendix	

*Application Fee – BND 100 per regulated activity

(As per Section 157(2)(c) of the SMO, this application must be accompanied by a prescribed application fee)

Cheque is made payable to **Autoriti Monetari Brunei Darussalam**. Payment may be made via online banking transaction or telegraphic transfer (T.T.) to the Authority's accounts: -

For all BND payment

Beneficiary Name:	Autoriti Monetari Brunei Darussalam
Beneficiary Address:	Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam
Beneficiary Account:	0201110270008
For Account:	Baiduri Bank
Bank Address:	Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam
SWIFT Code:	BAIDBNBB
Bank Charges (if any)	To be paid by Payee

For all USD payment

Beneficiary Name:	Autoriti Monetari Brunei Darussalam
Beneficiary Address:	Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam
Beneficiary Account:	51-001-01-0001062
For Account:	Bank Islam Brunei Berhad
Bank Address:	Bank Islam Brunei Darussalam Berhad, Lot 159, Jalan Pemancha, Bandar Seri Begawan, BS8711, Brunei Darussalam
SWIFT Code:	BIBDBNBB
Bank Charges (if any)	To be paid by Payee

NOTE: The annual fee will be paid separately. This will only be made payable after the application has been approved, which will be confirmed by letter from the Authority.

Annual Fee – BND 100 per regulated activity

<input type="checkbox"/>	*Payment Instruction Form	ANNEX 1	
<input type="checkbox"/>	*A copy of the applicant's NRIC (for Bruneian citizens) or passport (for non-Bruneian citizens)		
<input type="checkbox"/>	*A copy of the applicant's recent coloured passport-sized photograph		
<input type="checkbox"/>	*A copy of the applicant's most recent CV		
<input type="checkbox"/>	*A copy of the applicant's relevant academic certificates		
<input type="checkbox"/>	*A copy of the relevant industry examination results		
<input type="checkbox"/>	Details of securities sold or purchased by the applicant for his/her own account during the last 12 months immediately preceding the date of application		
<input type="checkbox"/>	Work permit (for non-Bruneian citizens)		
SECTION VII : TRUE AND CORRECT INFORMATION			
<p>We hereby declare that all information provided in this application and its annexures is true and correct and that we shall not conduct any other regulated activity aside from the one stated in this form, upon approval from the Authority.</p> <p>We certify that the information given in the application is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this application of which the Authority should be aware.</p> <p>We further undertake to inform the Authority of any changes material to the application which arise while the Authority is considering the application.</p>			
<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Signature</p>	
Name (<i>Applicant</i>):		Name (<i>Director / Authorised Signatory</i>):	
Designation:		Date (dd/mmm/yyyy):	
Date (dd/mmm/yyyy):			