



## FORM 6B

### SECURITIES MARKETS ORDER, 2013 [Section 170(b)]

#### NOTIFICATION FOR THE CESSATION OF A CAPITAL MARKETS SERVICES REPRESENTATIVE LICENCE

This form should be completed, after ensuring that the criteria listed in the Securities Markets Order, 2013 and relevant Regulations, as well as relevant Notices and Guidelines, have been satisfied. This notification is to be submitted by an authorized person of the individual's principal.

SECTION I : PRINCIPAL PROFILE			
Name:			
Licence Reference No:	<i>(Capital Markets Services Licence reference no)</i>		
Contact Person:			
Contact no.:	Office:	Fax:	
SECTION II : REPRESENTATIVE PROFILE			
Representative Licence No:	<i>(Capital Markets Services Representative Licence reference no)</i>		
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:			
Office / correspondence address:			

Personal E-mail:			
Work E-mail:			
Contact no.:	Office:	Home:	Mobile:
Representative's relationship with principal:	<input type="checkbox"/> Salaried <input type="checkbox"/> Commissioned <input type="checkbox"/> Others: <i>(Please specify)</i> _____		
<b>SECTION III : REGULATED ACTIVITY</b>			
Please tick (✓) the regulated activity(s) you intend to cease:			
<input type="checkbox"/> Dealing and arranging 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 you intend to cease dealing activities, please tick (✓) the type of investment(s) you intend to cease:	<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 one other type of securities only Please specify: <u>E.g. Investment-linked contracts / policies</u>		
<b>SECTION IV : DETAILS OF CESSATION</b>			
Date of proposed / confirmed cessation: (dd/mm/yy):			
Please state in detail reason for cessation:			
Have you notified all relevant stakeholders of your intention to cease licence of the above regulated activity(s) and taken adequate measures to meet all outstanding obligations in respect of the regulated activity(s)?	<input type="checkbox"/> Yes	<i>(Please provide details and elaborate measures the applicant has taken to safeguard the client's assets, if any)</i>	
	<input type="checkbox"/> No	<i>(Please clarify why)</i>	
Is there any additional information considered relevant to this application?	<input type="checkbox"/> Yes	<i>(Please provide details, if any)</i>	
	<input type="checkbox"/> No		

SECTION V : SUPPORTING DOCUMENTS		Appendix														
(*) are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.																
<input type="checkbox"/>	(i) *Application in writing stating: -  (a) the basis for the request;  (b) that he/she will cease to carry on all regulated activities in or from Brunei Darussalam; and  (c) that he/she will discharge, all obligations owed to his/her clients with respect of whom the holder of the capital markets services licence has carried on all regulated activities in or from Brunei Darussalam.															
<input type="checkbox"/>	(ii) *Board of Directors Resolution in relation to the cessation															
<input type="checkbox"/>	(iii) *Surrender of original copy of licence															
<input type="checkbox"/>	(iv) In reference to (iii), if the licence has been lost, stolen or misplaced, the original copy of the police report needs to be submitted to the Authority															
<input type="checkbox"/>	(v) *A copy of the representative's resignation / termination letter or any other relevant documents															
<input type="checkbox"/>	<p>(vi) *Administrative fee of B\$50.00 per notification form (As per Section 257(2) of the SMO, 2013)</p> <p><i>Cheque is made payable to <b>Autoriti Monetari Brunei Darussalam</b>. Payment may be made via online banking transaction or telegraphic transfer (T.T.) to the Authority's accounts: -</i></p> <p><b>For all BND payment</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Beneficiary Name:</td> <td>Autoriti Monetari Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Address:</td> <td>Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Account:</td> <td><b>0201110270008</b></td> </tr> <tr> <td>For Account:</td> <td><b>Baiduri Bank</b></td> </tr> <tr> <td>Bank Address:</td> <td>Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam</td> </tr> <tr> <td>SWIFT Code:</td> <td><b>BAIDBNBB</b></td> </tr> <tr> <td>Bank Charges (if any)</td> <td>To be paid by Payee</td> </tr> </table>	Beneficiary Name:	Autoriti Monetari Brunei Darussalam	Beneficiary Address:	Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam	Beneficiary Account:	<b>0201110270008</b>	For Account:	<b>Baiduri Bank</b>	Bank Address:	Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam	SWIFT Code:	<b>BAIDBNBB</b>	Bank Charges (if any)	To be paid by Payee	
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	<p style="text-align: center;"><b>For all <u>USD payment</u></b></p> <table border="1" data-bbox="383 231 1154 785"> <tr> <td><i>Beneficiary Name:</i></td> <td><i>Autoriti Monetari Brunei Darussalam</i></td> </tr> <tr> <td><i>Beneficiary Address:</i></td> <td><i>Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam</i></td> </tr> <tr> <td><i>Beneficiary Account:</i></td> <td><b>51-001-01-0001062</b></td> </tr> <tr> <td><i>For Account:</i></td> <td>Bank Islam Brunei Berhad</td> </tr> <tr> <td><i>Bank Address:</i></td> <td><i>Bank Islam Brunei Darussalam Berhad, Lot 159, Jalan Pemancha, Bandar Seri Begawan, BS8711, Brunei Darussalam</i></td> </tr> <tr> <td><i>SWIFT Code:</i></td> <td><b>BIBDBNBB</b></td> </tr> <tr> <td><i>Bank Charges (if any)</i></td> <td>To be paid by Payee</td> </tr> </table> <p style="color: red;"><b>NOTE:</b> The holder of a CMSL or CMSRL shall furnish details of the event to the Authority in the prescribed form and manner <u>not later than 14 days</u> after the occurrence of the event (S170 SMO, 2013). A licensee who fails to notify the Authority by the period specified in each relevant section or by any period determined shall, in addition thereto, <u>pay a late payment penalty in an amount not exceeding B\$50,000</u>, and in the case of a continuing offence, to a <u>further fine not exceeding B\$5,000</u> for every day after or part thereof during which the offence continues after conviction (S257(3) SMO, 2013).</p>	<i>Beneficiary Name:</i>	<i>Autoriti Monetari Brunei Darussalam</i>	<i>Beneficiary Address:</i>	<i>Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam</i>	<i>Beneficiary Account:</i>	<b>51-001-01-0001062</b>	<i>For Account:</i>	Bank Islam Brunei Berhad	<i>Bank Address:</i>	<i>Bank Islam Brunei Darussalam Berhad, Lot 159, Jalan Pemancha, Bandar Seri Begawan, BS8711, Brunei Darussalam</i>	<i>SWIFT Code:</i>	<b>BIBDBNBB</b>	<i>Bank Charges (if any)</i>	To be paid by Payee	
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<input type="checkbox"/>	(vii) *Payment Instruction Form	ANNEX 3														
<b>SECTION VI : TRUE AND CORRECT INFORMATION</b>																
<p>I, <u>name of principal</u>, being the Principal of <u>name of CMSRL holder</u> hereby give notice that the following change(s) of information have occurred in respect to the following: -</p> <p>Notice is hereby given that <u>name of CMSRL holder</u> the holder of a Capital Markets Services Representative Licence will cease / has ceased to carry on regulated business activity(s) or to hold himself/herself out as carrying on the regulated activity(s) to which the licence relates and is seeking to have the licence revoked under Section 165(1) of the Securities Markets Order, 2013.</p> <p>I 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>I also certify that this notification of any material changes to or affecting the completeness or accuracy of the above information shall be submitted to the Authority <b>not later than 14 days</b> from the day that the changes came to my attention.</p> <p>I shall take notice that should I fail to notify and submit the required information at the specified period to the Authority, I shall be made liable to a late penalty payment which may be issued upon the company.</p>																
Please state in detail the reason for late notification / submission, where applicable:																

Signature:	
Name ( <i>CMRSL holder</i> ):	
Date (dd/mm/yy):	
Signature:	
Name ( <i>Principal</i> ):	
Date (dd/mm/yy):	