



FORM 6C

SECURITIES MARKETS ORDER, 2013 [Section 170(c)]

NOTIFICATION OF CHANGE OF HOLDERS OF CAPITAL MARKETS SERVICES LICENCE (CMSL) OR CAPITAL MARKETS SERVICES REPRESENTATIVE LICENCE (CMSRL)

This form should be completed, where applicable, after ensuring that the criteria listed in the Securities Markets Order (SMO), 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 : NAME OF THE HOLDER OF CMSL OR CMSRL	
Full name:	
Licence No:	
Name of principal:	<i>(If applicable)</i>
SECTION II : REGULATED ACTIVITY	
Please tick (✓) where applicable:	
<input type="checkbox"/> Dealing and or 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 its capacity as an investment adviser <input type="checkbox"/> Giving or offering investment advice in its capacity as a financial planner <input type="checkbox"/> Using computer based systems for giving investment instructions
Please tick (✓) the type of investment(s) where applicable:	<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: <i>E.g. Investment-linked insurance contracts</i>
SECTION III : DETAILS OF CHANGES	
To complete where applicable.	
(a) Change in Name of CMSL / CMSRL holder	
Name prior to the change:	

New / Proposed name:		
Date of change (dd/mm/yy):		
Reason for change:		
Please state any other name other than the name of the CMSL holder / principal in which the business is carried on:		<i>(If applicable)</i>
(b) Change in Address of the Principal Place of Business		
Address prior to change:		
New / Proposed address:		
Date of change (dd/mm/yy):		
Date of commencement of keeping register of interests in securities ("register") at the place of business (dd/mm/yy):		
Place at which the CMSL holder's register is kept or, if the register is in electronic form, the place at which full access to the register may be gained, where applicable:		
<input type="checkbox"/>	At the principal place business:	<i>(Please specify the address)</i>
<input type="checkbox"/>	At a place of business in which the CMSL holder engages in the regulated activity(s) specified in Section II:	<i>(Please specify the address)</i>
(c) Change in Regulated Activity(s)		
Changes in regulated activity(s) requires completion of Form 4A for CMSL holders or Form 4B for CMSRL holders, where applicable. These forms must be submitted together with this Notification Form.		
(d) Any Other Changes		
Please specify any other changes in other information as may be determined by the Authority (information that would be in the public register):		
<u>Note:</u> Changes in Director(s) and / or Key Management requires completion of FORM 1B .		
SECTION IV : SUPPORTING DOCUMENTS		
<i>(*) are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.</i>		Appendix
<input type="checkbox"/>	(i) *Cover letter	

<input type="checkbox"/>	(ii) *Board of Directors' Resolution in relation to the change(s), where applicable															
<input type="checkbox"/>	(iii) Form 4A	FORM 4A														
<input type="checkbox"/>	(iv) Form 4B	FORM 4B														
<input type="checkbox"/>	(v) Form 1B	FORM 1B														
<input type="checkbox"/>	(vi) Any other relevant documents in relation to the change (E.g. copy of identification, copy of passport, forms of the Registrar of Companies, licence certificates, etc.)															
<input type="checkbox"/>	<p>(vii) *Administrative charge of B\$50.00 per notification form (As per Section 257(2) SMO, 2013)</p> <p>Please note that the administrative charge will only apply to significant changes to information as stated under Section 171 that is made available in the public register of holders of CMSL and CMSRL.</p> <p>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: -</p> <p>For all BND payment</p> <table border="1" data-bbox="347 1283 1118 1837"> <tr> <td>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>0201110270008</td> </tr> <tr> <td>For Account:</td> <td>Baiduri Bank</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>BAIDBNBB</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:	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	
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		
<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>	51-001-01-0001062	
<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>	BIBDBNBB	
<i>Bank Charges (if any)</i>	To be paid by Payee	
<p>NOTE: 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>		
<input type="checkbox"/>	(viii) *Payment Instruction Form	ANNEX 3
SECTION V : TRUE AND CORRECT INFORMATION		
<p>I, <u>name of director or principal</u>, being the Director / Principal of <u>name of CMSL / CMSRL holder</u> hereby give notice that the following change(s) of information have occurred in respect to <u>please state the changes, e.g. change in regulated activity</u> as per section(s) <u>please specify which section of this form applies, e.g. Section III(c)</u> of this form.</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 needs to be submitted to the Authority no later than 14 days 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 submission, where applicable:		

Signature:	
Name:	<i>(Please state the person who prepared this form and state designation)</i>
Date (dd/mm/yy):	
Signature:	
Name <i>(Director / Principal)</i> :	
Date (dd/mm/yy):	