



FORM 8D

INSURANCE ORDER, 2006 [Section 15] and SECURITIES MARKETS ORDER, 2013 [Section 118]

REGISTRATION STATEMENT FOR PUBLIC OFFERING OF INVESTMENT-LINKED INSURANCE CONTRACTS

Please refer to the **Guidelines on the Public Offering of Unlisted Securities** prior to applying for registration statement.

Application is made for approval of investment-linked insurance business under section 15 of Insurance Order, 2006, and filing of a registration statement for a public offering of investment-linked insurance contracts under Section 118 of the Securities Markets Order, 2013 and the following particulars are supplied in respect thereof –

SECTION I : DETAILS OF ISSUER / OFFEROR OF INVESTMENT-LINKED INSURANCE CONTRACT ("ILIC")		
Name of issuer of ILIC:		
CMSL no.:		
Date of incorporation (dd/mm/yy):		
Principal address:		
Correspondence address:		
Contact person:	<i>(Please indicate the person whom can be contacted with regards to this registration)</i>	
E-mail address:		
Contact no.:	Office:	Fax:
Principal activities:	<i>(Please state information about the business and operations of the issuer)</i>	
Capitalisation and indebtedness of the issuer:		
Credit rating, where applicable:		
(a) Identities of Directors		
Please list the name(s) of the directors of the issuer:		
No.	Name of Director	Appointment Type (Executive / Non-Executive Director)
1		

2		
3		
4		
(b) Identities of Senior Management		
Please list the name(s) of the senior management of the issuer:		
No.	Name of Senior Management	Designation
1		
2		
3		
4		
SECTION II : INVESTMENT-LINKED INSURANCE CONTRACT ("ILIC") PARTICULARS		
Name of ILIC:		
Approximate date of commencement of proposed sale to the public (dd/mm/yyyy):		
Purposes(s) of ILIC:		
Explanation of type and features of ILIC:	<p><i>Please state type and features, including but not limited to the following: -</i></p> <ul style="list-style-type: none"> <i>(a) structure of product;</i> <i>(b) target customers;</i> <i>(c) offer period;</i> <i>(d) tenure;</i> <i>(e) coverage;</i> <i>(f) age of entry;</i> <i>(g) profit rates;</i> <i>(h) commission rate;</i> <i>(i) premiums term;</i> <i>(j) mode and frequency of profit payment;</i> <i>(k) collateral;</i> <i>(l) potential returns;</i> <i>(m) restriction; and</i> <i>(n) all attachment tables based on country (e.g. mortality rate and table; morbidity rate and table; etc.)</i> 	
Fees and charges:	<p><i>(Please state the fees and charges payable, including premiums payment; those payable through deduction of premium or cancellation of units; and those payable from the assets of the ILIC sub-fund. Where the fee and charge is not fixed, please highlight that fact, and state the maximum if there is a provision for a maximum fee or charge payable. Please state how changes in fees and charges shall be disclosed to policyholders)</i></p>	
Switching of units:	<p><i>(Please state the procedure for switching of units, where applicable)</i></p>	
Details of third party arrangements, if any:	<p><i>Please state, including the following details: -</i></p> <ul style="list-style-type: none"> <i>(a) details of arrangement;</i> <i>(b) information about third party;</i> <i>(c) rationale behind alliance;</i> <i>(d) potential risks arising from alliance; and</i> <i>(e) any information deemed relevant.</i> 	
Assessment of the appropriateness of the		

ILIC for the targeted customer groups:		
Method of distribution and summary of the term sheet and promotional material:		
Assessment of the skills, expertise and resources required to sell, and manage the ILIC throughout the pre-, during, and post-contractual stages:		
ILIC product sales procedure:		
SECTION III : ILIC SUB-FUND PARTICULARS		
Name of ILIC sub-fund:		
Name of regulatory authority of the ILIC sub-fund:		
Type of sub-fund:	<input type="checkbox"/> Equity Sub-fund	<input type="checkbox"/> Money Market Sub-fund
	<input type="checkbox"/> Fixed Income Sub-fund	<input type="checkbox"/> Capital Guaranteed Sub-fund
	<input type="checkbox"/> Balanced Sub-fund	<input type="checkbox"/> Real Estate Investment Sub-fund
Investment objective(s) of the ILIC sub-fund:		
Assessment of risks:	<i>(Please state, including the assessment of potential risks, such as exposures to money laundering risk, and how these risks will be measured, monitored, and controlled)</i>	
Describe any novel features of the ILIC sub-fund not characteristic of CIS licensed or recognised by the Authority that may reasonably be expected to have an impact on policyholders:		
Details on subscription:	<i>Please state, including but not limited to the following: - (a) dealing deadline and the pricing basis, whether done on a forward or historical basis; (b) whether pricing is done on a bid-offer or single pricing basis; and (c) where there are two or more different classes of units available for subscription, please describe features of each class and rights or obligations of policyholders of each class.</i>	

Details on redemption:	<p>Please state, including but not limited to the following: -</p> <p>(a) how units in the ILIC sub-fund may be redeemed or sold;</p> <p>(b) minimum holding amount and minimum redemption amount;</p> <p>(c) how policyholders may obtain the buying and selling prices of units in the ILIC sub-fund and the dealing days to which the prices apply;</p> <p>(d) circumstances in which the insurer or manager for the ILIC sub-fund or any other person may be required to purchase from a policyholder any unit subscribed for or acquired by the policyholder and the method of determining the price at which the unit is to be purchased.</p>
Suspension of dealings:	(Please state any exceptional circumstances under which the issue or redemption of units may be suspended)

Where the **ILIC sub-fund invests more than 10% of the NAV of the ILIC sub-fund into any collective investment scheme ("CIS")**, please provide details on the underlying CIS of the ILIC sub-fund: -

Name of Underlying CIS	% Invested by ILIC Sub-Fund	Regulatory Authority of CIS	Name of CIS Manager	Regulatory Authority of CIS Manager	Is the CIS a Licensed or Recognised CIS in Brunei Darussalam?

If **more than 10% of the NAV of the ILIC sub-fund is sub-managed**, please provide details on the sub-managers:

Name of Sub-Manager	% of ILIC Sub-Fund Managed	Regulatory Authority of Sub-Manager

SECTION IV : DETAILS OF ILIC SUB-FUND MANAGER

Name of ILIC sub-fund manager:	
Name of regulatory authority of the ILIC sub-fund manager:	

This section applies to the manager of the ILIC sub-fund. If the answer to any of the following questions is in the affirmative, please 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 manager of the ILIC sub-fund is considered to be fit and proper persons.

Within the past 10 years, has the manager of the ILIC sub-fund: -		Yes	No
(a)	been issued a prohibition order under any legislation administered by the Authority or been prohibited from operating in any jurisdiction by any financial services regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	been censured, disciplined, suspended or refused membership or registration by the Authority, any other regulatory authority, an operator of a market or clearing facility, any professional body or government agency, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	been the subject of any proceedings of a disciplinary or criminal nature or been notified of any potential proceedings or of any investigation which might lead to those proceedings, under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>

(d)	been the subject of any complaint made reasonably and in good faith, relating to activities that are regulated by the Authority or under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(e)	been the subject of any proceedings of a disciplinary or criminal nature or been notified of any potential proceedings or of any investigation which might lead to those proceedings, under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(f)	been convicted of any offence, served any term of imprisonment or is being subject to any pending proceedings which may lead to a conviction of any offence, under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(g)	had any civil penalty enforcement action taken against it or him by the Authority or any other regulatory authority under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(h)	contravened or abetted another person in breach of any laws or regulations, business rules or codes of conduct, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(i)	been the subject of any investigations or disciplinary proceedings or been issued a warning or reprimand by the Authority, any other regulatory authority, an operator of a market or clearing facility, any professional body or government agency, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(j)	been or is unable to fulfil any of its or his financial obligations, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(k)	been or is subject to a judgment debt which is unsatisfied, either in whole or in part, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(l)	been or is the subject of a bankruptcy petition, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(m)	been adjudicated a bankrupt and the bankruptcy is undischarged, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(n)	been or is the subject of a winding up petition, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(o)	been dissolved or is in the course of being wound-up, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(p)	been or is a corporation where a receiver, receiver and manager, judicial manager, or such other person having the powers and duties of a receiver, receiver and manager, or judicial manager, has been appointed in relation to, or in respect of any property of, the corporation, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
(q)	been or is subject to any other process outside Brunei Darussalam that is similar to those referred to in (l) – (p)?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V : DETAILS OF APPOINTED DISTRIBUTOR

Name of appointed distributor:			
CMSL no.:			
Place of incorporation:		Date of incorporation (dd/mm/yy):	
Principal address:			

Contact no.:	Office:	Fax:																												
SECTION VI : DETAILS OF APPOINTED AUDITOR																														
Name of auditor:																														
Principal address:																														
E-mail address:																														
Contact no.:	Office:	Fax:																												
SECTION VII : SUPPORTING DOCUMENTS																														
(*) are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.		APPENDIX																												
<input type="checkbox"/>	<p>*Registration statement fee – BND 500</p> <p><i>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: -</i></p> <p>For all BND payment</p> <table border="1"> <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>0201110270008</td> </tr> <tr> <td><i>For Account:</i></td> <td>Baiduri Bank</td> </tr> <tr> <td><i>Bank Address:</i></td> <td><i>Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam</i></td> </tr> <tr> <td><i>SWIFT Code:</i></td> <td>BAIDBNBB</td> </tr> <tr> <td><i>Bank Charges (if any)</i></td> <td>To be paid by Payee</td> </tr> </table> <p>For all USD payment</p> <table border="1"> <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>51-001-01-0001062</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>BIBDBNBB</td> </tr> <tr> <td><i>Bank Charges (if any)</i></td> <td>To be paid by Payee</td> </tr> </table>	<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>	0201110270008	<i>For Account:</i>	Baiduri Bank	<i>Bank Address:</i>	<i>Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam</i>	<i>SWIFT Code:</i>	BAIDBNBB	<i>Bank Charges (if any)</i>	To be paid by Payee	<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	
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<input type="checkbox"/>	*Payment Instruction Form	ANNEX 3
<input type="checkbox"/>	*Minutes of BOD meeting or products committee approving the launch of the new product	
<input type="checkbox"/>	Certification of validation (actuarial certificate) by an actuary approved by AMBD	
<input type="checkbox"/>	*Approval letter / memo from domiciled regulatory authority with respect to the ILIC and ILIC sub-fund	
<input type="checkbox"/>	*Prospectus and expert's consent	
<input type="checkbox"/>	*Promotional material samples	
<input type="checkbox"/>	Copy of policy proposal form	
<input type="checkbox"/>	Certified true copy of material agreements entered into and / or any service contracts with respect to the ILIC sub-fund	
<input type="checkbox"/>	Securities market data regarding any trading history of the issuer's shares, where applicable	
<input type="checkbox"/>	Management discussion and analysis of the financial condition and results of the issuer's business operations	
<input type="checkbox"/>	Copy of certificate from the issuer's auditor stating any changes in directors and auditors during the last three (3) years, indicating the reasons for any changes	
<input type="checkbox"/>	Shariah Board resolution / minutes approving the new product <i>(for Shariah compliant products only)</i>	

SECTION VIII : TRUE AND CORRECT INFORMATION

We hereby declare that all information provided in this registration statement and its annexures are true and correct.

<hr/> (Signature)		<hr/> (Signature)	
Name <i>(Contact person completing this form)</i> :		Name <i>(**Director / Authorised Signatory of Issuer)</i> :	
Date (dd/mm/yyyy):		Date (dd/mm/yyyy):	

***A member of the board of directors or persons performing similar functions, and its authorised representative in Brunei Darussalam should sign.*