



FORM 13

SECURITIES MARKETS ORDER, 2013 NOTICE NO. CMA/N-1/2020/15

NOTIFICATION FOR OUTSOURCING OF IMPORTANT OPERATIONAL FUNCTIONS OF A HOLDER OF A CAPITAL MARKETS SERVICES LICENCE (CMSL)

This form should be completed 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.

Note: This notification should be read together with the Notice on Outsourcing for Capital Markets Services Licence Holders (No. CMA/N-1/2020/15) and the Guideline on Outsourcing for Capital Markets Services Licence Holders (No. CMU/G-1/2020/8); and to be submitted to the Authority **30 days** prior to the outsourcing of such important operational function.

SECTION I : HOLDER OF CAPITAL MARKETS SERVICES LICENCE (CMSL) PARTICULARS		
Name of Holder of CMSL:		
CMSL No.:		
Please tick (✓) the regulated activity(s) the holder of CMSL is carrying out:		
<input type="checkbox"/> Dealing and arranging deals in investments 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	
Contact person:	<i>(Please indicate the person whom can be contacted with regards to this notification)</i>	
E-mail of contact person:		
Telephone no. of contact person:	Office:	Mobile:
SECTION II : NOTIFICATION DETAILS		
Please complete where applicable		
(a) Important Operational Function to be Outsourced		
Please tick (✓) and complete where applicable:		
<input type="checkbox"/> (a) Back office function to a service provider	Please specify the back office function: _____	

<input type="checkbox"/>	(b) Internal audit function to its group or an external auditor		
<input type="checkbox"/>	(c) Risk management function to its group		
<input type="checkbox"/>	(d) Compliance function to its group		
<input type="checkbox"/>	(e) Function involving material outsourcing arrangements	Please specify the function: _____	
(b) Details of Service Provider / Group / External Auditor			
Name of service provider / group / external auditor:			
Place of incorporation:		Date of incorporation (dd/mm/yy):	
Registered address:			
E-mail:			
Website:			
Contact no.:	Office:	Fax:	
Date of appointment to provide outsourcing arrangement (dd/mm/yy):	Start date:	End date:	
(c) Details of Sub-Contracted Service Provider			
Will the back office function be sub-contracted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has this arrangement obtained prior approval from the CMSL holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of sub-contracted service provider:			
Place of incorporation:		Date of incorporation (dd/mm/yy):	
Registered address:			
Email:			
Contact no.:	Office:	Fax:	
Date of appointment to provide outsourcing arrangement (dd/mm/yy):	Start date:	End date:	
SECTION III : SUPPORTING DOCUMENTS			
(*) are mandatory documents and must be submitted together with this form.			Appendix

<input type="checkbox"/>	<p>*(Draft) Outsourcing Agreement / Letter of undertaking</p> <p>The Outsourcing Agreement should include information specified in para 3.2.2(f) and (g) of the Guideline. Where there is no outsourcing agreement, a letter of undertaking will be required</p>	
<input type="checkbox"/>	<p>*Certified true copy of the service provider's / group's / sub-contractor's licence</p>	
SECTION IV : TRUE AND CORRECT INFORMATION		
<p>I understand that I may be held liable for the acts and omissions of the service provider / the group / external auditor / sub-contracted service provider relating to the important operational functions being outsourced as if they were my acts or omissions.</p> <p>I certify that the information given in this form is complete and accurate to the best of my knowledge, information and belief and that there are no other facts relevant to this form of which the Authority should be aware.</p> <p>I further undertake to submit to the Authority the outsourcing register no later than three (3) months after the end of every financial year.</p> <p><i>*Please delete where not applicable.</i></p>		
Signature		
Name (<i>Director / Authorised Signatory</i>):		
Date (dd/mm/yyyy):		