**Appendix 1**



**APPLICATION FOR APPOINTMENT OF EXTERNAL AUDITOR**

**New Appointment**

 **Reappointment**

*[Part IV (b) and (c) are mandatory. Part I, II and III need to be filled up only if*

 *there are changes]*

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| **PART I : PROFILE OF LABUAN FINANCIAL INSTITUTION*****Important: All fields are mandatory and should not be left blank*** |
|  | Name of Labuan Financial Institution  |  |
| b. | Type of Licence *(Please ( √ ) the appropriate box)* |  | Labuan Bank/Investment Bank*(Including Islamic Bank/Islamic Investment Bank)* |
|  | Labuan Insurer/Reinsurer*(Including Labuan captives)* |
|  | Labuan Insurance Broker  |
|  | Labuan Trust Companies *(including Managed Trust Company)* |
|  | Labuan Money Broking Business |
|  | Labuan Fund Manager |
|  | Labuan Charitable Foundation |
|  | Labuan Public Funds |
| c. | Nature of Legal Entity *(Please tick ( √ ) the appropriate box)* |  | Labuan Company – Subsidiary |
|  | Foreign Labuan Company – Branch |
|  | Branch of Malaysian Financial Institution |

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| **PART II : PARTICULARS OF THE APPOINTMENT*****Important: All fields are mandatory and should not be left blank*** |
|  | Appointment for Financial Year Period (*e.g. 1/1/2018 – 31/12/2018*) |  |
|  | Proposed date of Annual General Meeting |  |

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| **PART III : PROFILE OF THE APPOINTED EXTERNAL AUDITOR*****Important: All fields are mandatory and should not be left blank*** |
| a. | Name of the Audit Firm |  |
| b. | Firm No.  |  |
| c. | Company Address |  |
| d. | Registered with AOB, where applicable | Yes No  |
| e. | Name of Engagement Partner(s) :Contact No :Email : |  |
| f. | Name of Concurring Partner(s) :Contact No : Email :  |  |

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|  | **PART IV : ADDITIONAL INFORMATION TO BE ENCLOSED WITH APPLICATION** ***Important: All fields are mandatory and should not be left blank*** |

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| a. | Detailed assessment[[1]](#footnote-1) by the board or board audit committee, as the case may be |  |
| b. | Extract of board minutes endorsing the proposed appointment/reappointment of the engagement partner, concurring partner and audit firm |  |
| c. | Statutory declaration by the engagement partner[[2]](#footnote-2) |  |
| d. | Curriculum vitae of the engagement and concurring partners |  |
| e. | Processing fees *(RM300 for charitable foundations and RM1,000 for other LFIs)* |  |

**Appendix 3**

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| **STATUTORY DECLARATION BY ENGAGEMENT PARTNER OF AUDIT FIRM** |
| I, ……………………………….. ( ) *[name of engagement partner (Audit Licence Number)]*, of ……………………………….. ( ) *[name of audit firm (Firm’s Number)]*, ……………………………….. *[NRIC No.]*, being the partner primarily responsible for the audit engagement, do solemnly and sincerely declare that:1. I am not disqualified under the provisions of the Companies Act 2016 and Labuan Companies Act 1990 from being appointed as an auditor for ……………………………….. [*name of financial institution]*
2. I have not been convicted of any offence under the Labuan Financial Services and Securities Act 2010, the Labuan Islamic Financial Services and Securities Act 2010, the Companies Act 2016 or the Labuan Companies Act 1990, or of any offence under any written law involving fraud or dishonesty.
3. I have no relationships with, or interests in, including an interest in shares of, ……………………………….. *[name of financial institution]* or any of its related entities that are likely to impair my objectivity or independence, and which cannot be reduced to an acceptable level through the application of appropriate safeguards.
4. I have no record of disciplinary actions taken against me for unprofessional conduct by the Malaysian Institute of Accountants (MIA) or any other recognised accountancy institutions where the decision for such disciplinary action has not been reversed by their disciplinary appeal board(s);
5. I have no record of adverse comments from Securities Commission Malaysia (SC), Bank Negara Malaysia (BNM), or any other regulatory authority(s).

**AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE, AND BY VIRTUE OF THE PROVISIONS OF THE STATUTORY DECLARATIONS ACT 1960.****SUBSCRIBED AND SOLEMNLY DECLARED BY THE ABOVENAMED****AT IN THE STATE OF THIS DAY OF 20\_**   Before me:(Signature of Sessions Court Judge/Magistrate/Commissioner for Oaths/Notary Public) |

1. *the assessment must include areas as set out in Appendix 2.* [↑](#footnote-ref-1)
2. *format as set out in Appendix 3.* [↑](#footnote-ref-2)