### REGISTRATION CHECKLIST

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REGISTRATION OF DEED/SUPPLEMENTARY DEED

Management Company :

Fund(s) :

Date of Submission :

| Requirements | Compliance Check | SC’s Remarks |
| --- | --- | --- |
|  |  | Check | Remarks |  |
| 1. | **Cover letter**, specifying - * Application to register a deed;
* Confirmation that the accompanying documents are complete, signed and dated; and
* Declaration that the deed complies with the requirements of the CMSA and minimum content requirements under the guidelines.
 |  |  |  |
| 2.  | **Deed*** Two (2) executed and stamped copies of the deed.
 |  |  |  |
| 3. | **Supplementary deed** * A unit holders’ resolution sanctioning the modification to the deed; or
* A statement from the trustee and management company, as prescribed under section 295(4)(b) of the CMSA; and
* A list highlighting the original provisions from the principal deed and the amended provision.
 |  |  |  |
| 4. | **Minimum Contents Checklist** |  |  |  |
| 5. | **Registration Checklist** |  |  |  |
| 6. | **Fee Checklist** |  |  |  |
| 7. | **Registration Fees*** In the form of a crossed cheque/draft order made in favour of “Suruhanjaya Sekuriti” or “Securities Commission”.
 |  |  |  |

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|  |  |
| --- | --- |
| **…………………………………….** | **………………………………………….** |
| Chief Executive Officer[[1]](#footnote-1) of the Management Company | Authorised Signatory of the Adviser[[2]](#footnote-2) |
| Name:Management Company: Date: | Name:Designation:Company: |
|  | Date: |

|  |
| --- |
| For the SC’s Internal Use : |

**Submission of Documents**

Please tick relevant box:

Complete

Not complete

### If not complete, please state missing documents:

### ……………………………………………………………..…………………………………………………………………………………………………………………………………………

Date applicant informed of missing documents - ……………………..

Date of receipt of missing documents - ……………………..

………………………………

##### Name : (Supervisor)

Date :

……………………..

##### Name: (Desk Officer)

Date :

#### Registration

Please tick relevant box:

 Approval

 Refusal

If deed is refused for registration, please state reasons:-

……………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………

……………………..

Name: *(Head of Department)*

Date :

1. Where there is no Chief Executive Officer, the person who assumes the role and function of a Chief Executive Officer. [↑](#footnote-ref-1)
2. Where the application is submitted through an adviser. [↑](#footnote-ref-2)