**VC TAX INCENTIVE CERTIFICATION FORM:**

**TAX EXEMPTION FOR VENTURE CAPITAL MANAGEMENT COMPANY (VCMC)**

**Note:** This Certification Form must be submitted concurrently with the Certification Form for Tax Exemption for Venture Capital Company (VCC) (i.e. submission for both VCMC and VCC must be made concurrently).

|  |  |
| --- | --- |
| 1. **Tax information of VCMC** | |
| Income Tax Reference Number |  |
| Year of assessment  Please indicate year of assessment to be certified in this application |  |
| Is the VCMC a resident in Malaysia within the meaning of resident under the Income Tax Act 1967? | Yes  No |

|  |  |
| --- | --- |
| 1. **Details of VCMC** | |
| Name of VCMC |  |
| SC Registration No. of VCMC |  |

|  |
| --- |
| 1. **Details of VCCs** |

Please list only VCCs under management for which the VCMC has applied or intends to apply for tax exemption under the Income Tax (Exemption) (No. 2) Order 2022 (PUA 115/2022).

|  |  |
| --- | --- |
| **Name of VCC** | **SSM Registration No.** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 1. **VCMC Substance Test** |

Please provide below the list of full-time resident employees in the VCMC.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Full name of employee**  **(as per NRIC/Passport)** | **Designation** | **Start-date of employment**  (MMM YYYY) | **Is the employee the appointed Responsible Person?**  (Yes/No) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **Contact Person** | |
| Name |  |
| Designation |  |
| Telephone number |  |
| E-mail |  |

|  |  |
| --- | --- |
| 1. **Declaration** (The declaration must be signed by 2 directors/ partners or one director/ partner and one company secretary) | |
| (i) | I hereby certify and declare that all the particulars furnished in this form are true and correct.   |  |  | | --- | --- | | Signature |  | | Name |  | | Designation |  | | Date |  | |
| (ii) | I hereby certify and declare that all the particulars furnished in this form are true and correct.   |  |  | | --- | --- | | Signature |  | | Name |  | | Designation |  | | Date |  | |

**Instructions**

1. Please tick (✓) in the relevant boxes, where appropriate.
2. If a question is not applicable, please state ‘N/A’ in the space provided.

If the space provided is insufficient for your requirements, please continue on a separate sheet of paper.