

### PRS Submission Checklist

APPLICATION FOR ESTABLISHMENT OF A NEW SCHEME/ FUNDS UNDER A SCHEME

PRS Provider :

Name of Scheme and/Fund(s) :

Adviser :

Date of Submission to SC :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Requirements | Compliance Check | | **SC’s Remarks** |
| **Check** | **Remarks** |
| 1. | Cover letter  * Approval sought, including particulars of the proposal(s); * Details of any departure from the relevant guidelines, together with relevant justifications and waiver/exemption sought for such departure. Where waiver/exemption has been obtained, to provide details of such waiver/exemption; and * Other approvals, or clearance obtained/ pending (if applicable).   *(for multiple applications, all proposals may be included in 1 cover letter)* |  |  |  |
| 2. | Declaration  * A declaration letter, which declares that the proposal is in full compliance with the *Guidelines on Private Retirement Scheme* and the *Capital Markets & Services Act 2007* (as per the specimen in Appendix II, Schedule E of the *Guidelines on Private Retirement Scheme*).   *(for multiple applications, declarations may be included in 1 declaration letter)* |  |  |  |
|  | Requirements | Compliance Check | | Remarks of the SC |
| Check | Remarks |
| 3. | **Supporting Documents**  **Application Form** *(SC/PRS-NEW)*   * Information/details must be appropriately and accurately filled up. * Declaration to be appropriately signed by the PRS Provider/adviser. |  |  |  |
| 4. | Deed  * Registrable and lodgement copies of the deed, submitted as per the requirement of paragraphs (8) and (9), Appendix III – Schedule E of the *Guidelines on Private Retirement Scheme*. |  |  |  |
| 5. | **Product Disclosure Statement**   * Registrable copies of the disclosure document, submitted as per the requirement under Chapter 13 of *Guidelines on Private Retirement Scheme*. |  |  |  |
| 6. | **Fees and Charges**   * Fee computation checklist. * Payment made to ‘Suruhanjaya Sekuriti/ Securities Commission’.   (for multiple applications, fees can be accumulated into 1 checklist) |  |  |  |
| 7. | **Other Attachments**   1. ……………………………. 2. …………………………….   *(Please specify)* |  |  |  |

|  |  |
| --- | --- |
| ……………………………………….. | …………………………………………. |
| Name:  *(Person responsible for the submission documents)*  Date: | Name:  *(Chief Executive Officer of the PRS Provider*)  Date: |

|  |
| --- |
| For Internal Use of the SC: |

**Submission of Documents**

Please tick the relevant box:

Complete

Not complete

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

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

(Date of complete submission received: ………………………….)

##### Supervisor

………………………………

Name:

Date:

##### Desk Officer

……………………..

Name:

Date:

#### Registration

Please tick the relevant box: