

### 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: