

**APPLICATION FORM FOR CERTIFICATION OF TAX EXEMPTION  
FOR THE VENTURE CAPITAL INDUSTRY**

(Please use separate form for each fund)

**1. Tax Incentive**

- (i) Year of assessment: \_\_\_\_\_
  
- (ii) Please indicate the year of the first certification granted by the SC, if this is **NOT** your first time applying for a tax certification:  
  
\_\_\_\_\_
  
- (iii) Income Tax Reference Number:
  
- (iv) LHDN Office:
  
- (v) SC's Registration Number<sup>1</sup>:

**2. Applicant**

- (i) Name of venture capital company:
  
- (ii) Place of Incorporation:
  
- (iii) Number of Incorporation:
  
- (iv) Full address of the principal place of business:
  
- (v) Is the applicant a resident in Malaysia within the meaning of resident under the Income Tax Act 1967?  **Yes**  **No**

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<sup>1</sup> This number was provided to applicants when first registered with the SC under the 'Guidelines for the Registration of Venture Capital Corporations and Venture Capital Management Corporations'.

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(vi) Ownership structure

| <i>Name of Shareholder</i> | <b>Percentage of Shareholding<br/>(as at xx/xx/20xx)</b> | <b>Holdings in Other Companies</b> |
|----------------------------|--|------------------------------------|
|                            |  |                                    |
|                            |  |                                    |
|                            |  |                                    |
| <b>Total</b>               |  |                                    |

(vii) Organization Structure

| <b>Board of Director</b> | <b>Status</b><br><i>(Please state independent or non-independent, executive or non-executive)</i> |
|--------------------------|---|
|                          |   |
|                          |   |
|                          |   |
|                          |   |

(viii) Key Management Team

| <b>Name</b> | <b>Designation</b> | <b>Description of Duties</b> |
|-------------|--------------------|------------------------------|
|             |                    |                              |
|             |                    |                              |
|             |                    |                              |
|             |                    |                              |

(ix) Financial Year End:

(x) Authorized Capital:

(xi) Paid-up Capital:

(xii) Date Established:

(xiii) Date of Commencement of Operations:

(xiv) Life of Fund:  **Open-ended**  
 **Closed-ended, please indicate life of fund: \_\_\_\_\_**

(xv) Type of fund:  **Conventional**  
 **Islamic**

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3. Details of venture company(s)

| Name of Venture Company | Business Activities <sup>2</sup> | Place of Incorporation | Type of Qualified Products or Activities <sup>3</sup> | Details of Ownership <sup>4</sup> | Initial Investment |      |                             | Subsequent Investment |      |                |
|-------------------------|----------------------------------|------------------------|---|-----------------------------------|--------------------|------|-----------------------------|-----------------------|------|----------------|
|                         |                                  |                        |   |                                   | Amount (RM)        | Year | Business Stage <sup>5</sup> | Amount (RM)           | Year | Business Stage |
|                         |                                  |                        |   |                                   |                    |      |                             |                       |      |                |
|                         |                                  |                        |   |                                   |                    |      |                             |                       |      |                |
|                         |                                  |                        |   |                                   |                    |      |                             |                       |      |                |
| <b>Total</b>            |                                  |                        |   |                                   |                    |      |                             |                       |      |                |

<sup>2</sup> Please provide a short write-up on the principal business activities of the company and its services/products.

<sup>3</sup> To state the type of products or activities according to paragraph 4.01(A)(a) of the Venture Capital Tax Incentives Guidelines.

<sup>4</sup> To indicate the percentage of ownership and also the nature of control, ie directly or indirectly, over the management of the venture company.

<sup>5</sup> The business stages are defined under paragraph 2.0 of the Venture Capital Tax Incentives Guidelines, ie seed, start-up or early stage. For financing provided for in the early-stage, please indicate whether the financing has been provided for:

- a) Capital expenditure and/or working capital to initiate commercialization of technology or product;
- b) Additional capital expenditure and/or additional working capital to increase production capacity, marketing or product development; or
- c) And interest financing prior to being listed on the official list of a stock exchange.

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4. A. Funds invested in venture company(s) at seed, start-up or early stage

| Name of Venture Company | Total Funds Invested as at end of the previous year of assessment (RM) (a) | During Current Year Of Assessment (Year ____) |                              |                           | Total Funds Invested in Venture Company(s) (a) + (b) - (c) = (d) |
|-------------------------|--|---|------------------------------|---------------------------|--|
|                         |  | Additional Investment (RM) (b)                | Investment Disposed (RM) (c) | Type of Exit <sup>6</sup> |  |
|                         |  |   |                              |                           |  |
|                         |  |   |                              |                           |  |
|                         |  |   |                              |                           |  |
| <b>Total</b>            |  |   |                              |                           |  |

B. Summary of fund allocation

| Allocation   | Amount as at end of the current year (RM) |
|--|---|
| Total Funds Invested [(a)+(b)-(c)=(d)] [as item 4(A)]  |   |
| Total Funds Invested in Other Type of Investments (Other securities, overseas securities, etc) |   |
| <b>Total Funds Invested</b>  |   |
| Funds placed in fixed deposit  |   |
| Working Capital  |   |
| Other Expenses   |   |
| <b>Total Fund Size</b>   |   |

<sup>6</sup>To specify whether the exit is via IPO, trade sale, management buy back, merger, cash distribution, liquidation, etc.

**5. Details of Venture Company with Technology Based Business Activities**  
 (If your venture company is classified under paragraph 4.01(A)(a)(ii), please fill up this section for each company)

| No | Venture company's details   |  |
|----|---|--|
| 1. | <b>Name of venture company:</b>   |  |
| 2. | <b>Classification of Technology-based business activities:</b><br>(Please refer to <b>APPENDIX A</b> )                          |  |
| 3. | <b>Industry focus:</b>  |  |
| 4. | (i) <b>Target Markets</b><br>(State target markets/customers)   |  |
|    | (i) <b>Technology</b><br>(Describe platform and architecture)   |  |
|    | (ii) <b>Uniqueness of technology value proposition</b><br>(e.g. unique innovation or modification of similar product in market) |  |
|    | (iii) <b>Current stage of development</b>   |  |
|    | (iv) <b>Prototyping/services concept plan</b>   |  |

**6. Contact Person**

- (i) Name of Contact Person:
- (ii) Designation:
- (iii) Telephone Number:
- (iv) Email:
- (v) Fax Number:

**6. 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:  
Company Seal:

Date:

- (ii) I hereby certify and declare that all the particulars furnished in this form are true and correct.

Signature:  
Name:  
Designation:  
Company Seal:

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.
3. If the space provided is insufficient for your requirements, please continue on a separate sheet of paper. Please indicate which question your additional information relates to.