

### FORM 6A

# SECURITIES MARKETS ORDER, 2013 [Section 170(a)]

## NOTIFICATION FOR THE CESSATION OF A CAPITAL MARKETS SERVICES LICENCE

This form should be completed, after ensuring that the criteria listed in the Securities Markets Order (SMO), 2013 and relevant Regulations, as well as relevant Notices and Guidelines, have been satisfied. This notification is to be submitted by an authorized person of the individual's principal.

SECTION I : NAME OF THE HOLDER OF CAPITAL MARKETS SERVICES LICENCE							
Full name:							
Licenc	e Reference No:						
SECTIO	ON II : REGULATED ACTIVIT	Υ					
Please	tick (✓) the regulated activi	ty(s) you into	end to cea	ise:			
	Dealing and arranging dea	nents as		Giving or offering investment advice in his capacity as a financial planner			
	Managing investments management and establ or winding up a CIS	and establishment, operating			Using computer-based systems for giving investment instructions		
	Giving or offering invest capacity as an investment		e in his		Safekeeping and administration of assets including custodial services		
			Dealing in units in collective investment scheme and investment-linked insurance contract				
If you intend to cease dealing activities, please tick (✓) the type			Dealing in units in investment-linked insurance contract				
of inve	estment(s) you intend to		Dealing in units in collective investment scheme				
			Dealing in any other type of securities only Please specify:				

SECTION II	II : DETAILS OF CESSAT	ION	
Date of proposed / confirmed cessation (dd/mm/yy):			
Please state in detail reason for cessation:			
Have you notified all relevant stakeholders of your intention to cease licence of the above regulated activity(s) and taken adequate measures to meet all outstanding obligations in respect of the regulated activity(s)?		Yes	
		□ No	
SECTION IN	V : PLACE OF BUSINESS	S WHERE RE	GISTER OF SECURITIES ARE KEPT
	nich the CMSL holder's r he register may be gain	-	ept or, if the register is in electronic form, the place at which full applicable:
	the principal place of iness:		
whice engage active	a place of business in ch the CMSL holder gages in the regulated vity(s) specified in ction II:		
Date of cessation of register (dd/mm/yy):			

SECTI	SECTION V : SUPPORTING DOCUMENTS					
	(*) are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.					
	(i)	<ul> <li>*Application in writing stating: -</li> <li>(a) the basis for the request;</li> <li>(b) that it will cease to carry on all regulated activities in or from Brunei Darussalam;</li> <li>(c) that it will discharge, all obligations owed to its clients with respect of whom the holder of the capital markets services licence has carried on, or will cease to carry on, all regulated activities in or from Brunei Darussalam; and</li> <li>(d) if it is providing investment management or custodial services, that it has made appropriate arrangements for the transfer of business to a new service provider where necessary.</li> </ul>				
	(ii)	*Board of Directors Resolution in relation to the cessation				
	(iii)	*Surrender of original copy of licence				
	(iv)	In reference to (iii), if the licence has been lost, stolen or misplaced, the original copy of the police report needs to be submitted to the Authority				
	(v)	*Any notice or statement provided to clients on the closure of business				
	[vi]	*Agreement of the clients, in writing, confirming: -  [a] the clients' consent according to regulation 50(2) of the Securities Markets Regulations, 2015; and  [b] the clients' understanding that the company will cease to be a licence holder under the Securities Markets Order, 2013 and will no longer be afforded any protection under the Order.  NOTE: Confirmation in writing from all clients / investors of securities, such as collective investment schemes, etc. may not necessarily be compulsory. However, the CMSL holder must ensure clients no longer hold securities previously offered and distributed by the CMSL holder, before the business can be ceased.				

(vii) \*Administrative fee of B\$50.00 per notification form (As per Section 257(2) of the SMO, 2013)

Cheque is made payable to **Brunei Darussalam Central Bank**. Payment may be made via online banking transaction or telegraphic transfer [T.T.] to the Authority's accounts: -

### For all **BND** payment

Beneficiary Name:	Brunei Darussalam Central Bank
Beneficiary Address:	Level 14, Ministry of Finance and Economy Building, Commonwealth Drive, BB3910 Brunei Darussalam
Beneficiary Account:	0201110270008
For Account:	Baiduri Bank
Bank Address:	Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam
SWIFT Code:	BAIDBNBB
Bank Charges (if any)	To be paid by Payee

## For all **USD** payment

Beneficiary Name:	Brunei Darussalam Central Bank			
Beneficiary Address:	Level 14, Ministry of Finance and Economy Building,			
	Commonwealth Drive, BB3910			
	Brunei Darussalam			
Beneficiary Account:	51-001-01-0001062			
For Account:	Bank Islam Brunei Berhad			
Bank Address:	Bank Islam Brunei Darussalam Berhad,			
	Lot 159, Jalan Pemancha, Bandar Seri			
	Begawan, BS8711, Brunei Darussalam			
SWIFT Code:	BIBDBNBB			
Bank Charges (if any)	To be paid by Payee			

NOTE: The holder of a CMSL or CMSRL shall furnish details of the event to the Authority in the prescribed form and manner <u>not later than 14 days</u> after the occurrence of the event (S170 SMO, 2013). A licensee who fails to notify the Authority by the period specified in each relevant section or by any period determined shall, in addition thereto, <u>pay a late payment penalty in an amount not exceeding B\$50,000</u>, and in the case of a

		continuing offence, to after or part thereof of (\$257(3) SMO, 2013).						
	(viii)	*Payment Instruction	Form				ANNEX 3	
SECTI	ON IV: T	RUE AND CORRECT II	IFORMATION					
I, _					director), r) hereby	_		of ng
chang	e(s) of ir	nformation have occur	ed in respect to the	following: -				
		eby given that						
		pital Markets Services					business activity	
		f out as carrying on the				relates and	a is seeking to nav	⁄e
inform		e information given in ad belief and that ther are.		•			_	
above	informa	at this notification of a ation needs to be sub to my attention.			_	-		
		ice that should I fail to				•	•	ne
for late		detail the reason ation / submission, ble:						
Signat	ure:							
Name	:							
Date (	dd/mm/	/yy):						
Signat	ure:							
Name	(Directo	er / Principal):						
Date (	dd/mm/	yy):						