

**STATUTORY DECLARATION FOR  
REGISTRATION OF UNIT TRUST CONSULTANTS**

I, \_\_\_\_\_ NRIC No. \_\_\_\_\_

of \_\_\_\_\_

do solemnly and sincerely affirm and declare as follows:

- 1 I am an agent / ~~staff of unit trust management company / corporate representative of institutional unit trust adviser / corporate representative of corporate unit trust adviser~~ of \*

**PUBLIC MUTUAL BERHAD**

I am not tied to any other unit trust management company, institutional unit trust adviser or corporate unit trust adviser.

- 2 I am 21 years old or above.
- 3 I possess a minimum Grade 3 Sijil Pelajaran Malaysia (SPM) or its equivalent.
- 4 I have not been convicted by any court or other competent authority in Malaysia or overseas for any fraudulent or dishonest acts.
- 5 I have never been convicted of any criminal offences in Malaysia or overseas.
- 6 I have never been convicted of any offence under the securities laws in Malaysia or overseas.
- 7 I have not been convicted of an offence involving fraud or other dishonesty, or been convicted for any offence in which involved a finding that I have acted fraudulently or dishonestly in Malaysia or overseas.
- 8 I have not contravened any provision of any written law that has been enacted for protecting members of the public against financial loss due to dishonesty, incompetence or malpractice in Malaysia or overseas.
- 9 I have never been censured or reprimanded by, or denied / disqualified from membership of a professional or trade body or a regulatory license, registration of similar approval has been refused or revoked in Malaysia or overseas.
- 10 I am not an undischarged bankrupt nor have I failed to meet any judgment debts in Malaysia or overseas.
- 11 I understand that any non-disclosure or inaccurate declaration will result in de-registration.

I made this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declaration Act 1960.

Subscribed and solemnly affirmed and declared  
by the above-named

\_\_\_\_\_ at

\_\_\_\_\_

in the state of \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Applicant's signature

Before me,

\* Please strike off whichever is not applicable

\_\_\_\_\_  
Commissioner for Oaths