



## 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:	
Licence Reference No:	
SECTION II : REGULATED ACTIVITY	
Please tick [✓] the regulated activity(s) you intend to cease:	
<input type="checkbox"/> Dealing and arranging deals in investments as principal or agent  <input type="checkbox"/> Managing investments including CIS management and establishment, operating or winding up a CIS  <input type="checkbox"/> Giving or offering investment advice in his capacity as an investment adviser	<input type="checkbox"/> Giving or offering investment advice in his capacity as a financial planner  <input type="checkbox"/> Using computer-based systems for giving investment instructions  <input type="checkbox"/> Safekeeping and administration of assets including custodial services
If you intend to cease dealing activities, please tick [✓] the type of investment(s) you intend to cease:	<input type="checkbox"/> Dealing in units in collective investment scheme and investment-linked insurance contract  <input type="checkbox"/> Dealing in units in investment-linked insurance contract  <input type="checkbox"/> Dealing in units in collective investment scheme  <input type="checkbox"/> Dealing in any other type of securities only Please specify:

**SECTION III : DETAILS OF CESSATION**

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

*(Please provide details and elaborate measures the applicant has taken to safeguard the client's assets, if any)*

☐ No

*(Please clarify why)*

**SECTION IV : PLACE OF BUSINESS WHERE REGISTER OF SECURITIES ARE KEPT**

Place at which the CMSL holder's register is kept or, if the register is in electronic form, the place at which full access to the register may be gained, where applicable:



At the principal place of business:

*(Please specify the address, office telephone number, and email address)*



At a place of business in which the CMSL holder engages in the regulated activity(s) specified in Section II:

*(Please specify the address, office telephone number, and email address)*

Date of cessation of register [dd/mm/yy]:

**SECTION V : SUPPORTING DOCUMENTS**

*[\*] are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.*

**APPENDIX**

<input type="checkbox"/>	<p>(i) *Application in writing stating: -</p> <p>[a] the basis for the request;</p> <p>[b] that it will cease to carry on all regulated activities in or from Brunei Darussalam;</p> <p>[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</p> <p>[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.</p>	
<input type="checkbox"/>	<p>(ii) *Board of Directors Resolution in relation to the cessation</p>	
<input type="checkbox"/>	<p>(iii) *Surrender of original copy of licence</p>	
<input type="checkbox"/>	<p>(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</p>	
<input type="checkbox"/>	<p>(v) *Any notice or statement provided to clients on the closure of business</p>	
<input type="checkbox"/>	<p>(vi) *Agreement of the clients, in writing, confirming: -</p> <p>[a] the clients' consent according to regulation 50(2) of the Securities Markets Regulations, 2015; and</p> <p>[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.</p> <p><b>NOTE:</b> 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.</p>	

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



**For all USD payment**

Beneficiary Name:	<b>Brunei Darussalam Central Bank</b>
Beneficiary Address:	Level 14, Ministry of Finance and Economy Building, Commonwealth Drive, BB3910 Brunei Darussalam
Beneficiary Account:	<b>51-001-01-0001062</b>
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:	<b>BIBDBNBB</b>
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 not later than 14 days 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, pay a late payment penalty in an amount not exceeding B\$50,000, and in the case of a

	continuing offence, to a <u>further fine not exceeding BS\$5,000</u> for every day after or part thereof during which the offence continues after conviction [S257(3) SMO, 2013].	
<input type="checkbox"/>	(viii) *Payment Instruction Form	ANNEX 3
<b>SECTION IV: TRUE AND CORRECT INFORMATION</b>		
<p>I, _____ <i>(name of director)</i>, being a Director of _____ <i>(name of CMSL holder)</i> hereby give notice that the following change(s) of information have occurred in respect to the following: -</p> <p>Notice is hereby given that _____ <i>(name of CMSL holder)</i> the holder of a Capital Markets Services Licence will cease / has ceased to carry on regulated business activity(s) or to hold itself out as carrying on the regulated activity(s) to which the licence relates and is seeking to have the licence revoked under Section 165(1) of the Securities Markets Order, 2013.</p> <p>I certify that the information given in the application is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this application of which the Authority should be aware.</p> <p>I also certify that this notification of any material changes to or affecting the completeness or accuracy of the above information needs to be submitted to the Authority <b>not later than 14 days</b> from the day that the changes came to my attention.</p> <p>I shall take notice that should I fail to notify and submit the required information at the specified period to the Authority, I shall be made liable to a late penalty payment which may be issued upon the company.</p>		
Please state in detail the reason for late notification / submission, where applicable:		
Signature:		
Name:	<i>(Please state the person who prepared this form and state designation)</i>	
Date [dd/mm/yy]:		
Signature:		
Name <i>(Director / Principal)</i> :		
Date [dd/mm/yy]:		