## Annual Return by Adviser

## *(to be submitted by 31 January of each year)*

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| SECTION I: ADVISER DETAILS |
| Name: |  |
| Registration No.: |  |
| Reporting Year: |  |
| Type of Adviser: | [ ]  Approved Adviser [ ]  Continuing Adviser | Date of admission as Adviser: |
| Directors: | *(name, designation, date of appointment)* |
| Substantial Shareholders: | *(name and % shareholding)* |
| Key Management:  | *(name, designation, date of joining the firm)* |
| Number of Employees: |  |
| SECTION IA: INFORMATION OF ELIGIBLE PERSON *(if any changes from previous record)* |
| Name: |  |
| Date of joining the firm |  |
| SECTION II: LIST OF ADVISORY ACTIVITIES DURING THE REPORTING YEAR *(LEAP Market)* |
| Name of issuer/corporation | Advising activities undertaken and date | Eligible Person involved  |
|  |  | *(name)* |
|  |  |  |
|  |  |  |
| SECTION III: OTHER INFORMATION |
| Is there any complaint received by the Adviser (against directors, key management, Eligible Persons or substantial shareholders, or Corporation under Advisory-period) during the year.  | [ ]  No [ ]  Yes*(if yes, please provide details and demonstrate how did the Adviser resolve the matter)* |
| Is there any other material information that the Adviser would like to update Bursa Securities.  | [ ]  No[ ]  Yes*(if yes, please provide details and demonstrate how did the Adviser resolve the matter)* |
| Attachment latest audited financial statement of the Adviser  | [ ]  No[ ]  Yes |

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| **SECTION IV: CONFIRMATIONS**  |
| We hereby confirm that we have complied with all requirements in LEAP Market Listing Requirements (“LR”) when carrying out with its activities under the LR. We confirm that we have adequate systems, procedures, policies and resources to discharge our obligation under the LR. We hereby declare that all information provided in this submission and its annexures are true and correct.  |
| [Signature (Licensed Director/Executive Director/CEO)]------------------------------------------------------------------- | [Signature: (Director/Authorised Signatory)]----------------------------------------------------------- |
| Name: | Name: |
| Designation: | Designation: |
| Date: | Date: |

[ End of Form ]