**COMPANIES ACT 2016**

**Section 433(4D) AND 433(4E)**

**NOTIFICATION OF APPROVAL AS AN APPROVED LIQUIDATOR**

|  |  |
| --- | --- |
| Type of Notification  **\* Mandatory field** | New  Changes/Update of Information  (Please state the date of changes wherever applicable) |

|  |  |  |
| --- | --- | --- |
| **SECTION A : PARTICULARS OF PERSONAL INFORMATION** | | |
| Salutation\* | : | |
| Name (as per IC)\* | : | |
| ID Type\* | MyKad (Citizen of Malaysia)  MyPR (Permanent Resident of Malaysia) | |
| IC No.\* | : | |
| Nationality\* | : | |
| Gender\* | : | |
| Race\* | : | |
| Residential Address\*  *(Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_\_)* | : | |
| City\* | : | |
| Postcode\* | : | |
| State\* | : | |
| Mobile Phone Number\* |  | *(Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_)* |
| Personal Email Address\* | : | *(Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_)* |

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| **SECTION B : PARTICULARS OF APPROVAL AS AN APPROVED LIQUIDATOR** | |
| Liquidator’s Approval Number\* | : |
| Validity of Liquidator’s Approval\* | : From ………………………………….. To ………………………………  *(Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_\_\_)* |
| *(Please attach the Liquidator’s Approval issued by Accountant General’s Department of Malaysia)* | |

**SECTION C : PARTICULARS OF FIRM OF LIQUIDATORS**

|  |  |
| --- | --- |
| **PARTICULARS OF FIRM** | |
| Types of Firm\*  *(Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_\_\_)* | 🞎 Limited Liability Partnership  🞎 Business  🞎 Non-Audit Firm  *(Please attach relevant document / certificate relating to registration for the above firm)* |
| Firm’s Name\* | : |
| Firm’s Number\* | : |
| Date Of Admission As Partner/Sole-Proprietor / Date Commencement Of Business\* | : |
| Office Address\* | : |
| City\* | : |
| Postcode\* | : |
| State\* | : |
| Office Phone Number\* | : |
| Office Fax Number | : |
| Office Email Address\* | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARTICULAR OF PARTNERS (***Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_\_\_)* | | | | | |
| **No.** | **Salutation\*** | **Name\* (As per IC)** | **IC No.\*** | **Liquidator Approval Number\*** | **Date of Admission As Partner** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTICULARS OF BRANCH (IF ANY) (***Date of changes – if applicable: \_\_\_\_\_\_\_\_\_\_\_\_)* | | | |
| **No.** | **Address** | **Office Phone Number** | **E-mail Address** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| **SECTION D : DECLARATION** |
| I …………………………………………………………………….. IC Number …………………………………………… do solemnly and sincerely declare that:   1. I am a citizen/permanent resident of Malaysia; 2. I am not an undischarged bankrupt; 3. I have not been convicted whether in or outside Malaysia of any offence involving fraud or dishonesty punishable on conviction with imprisonment for three months or more; 4. I have not been convicted of an offence relating to the promotion, formation or management of a corporation; 5. I have comply with the requirements as stated in the Guideline On The Registration Of Firms Of Liquidators; 6. All partner(s) in ………………………….. (Entity Name) …………….. (Entity Number) is an approved liquidators under section 433 of the Companies Act 2016; 7. I have complied with all the necessary requirements imposed by the approved body (applicable to non-audit firm); 8. All information provided in this application and the documents attached is correct and true to my knowledge. |

Dated this ……………………………..day of …………………….20.....

**Signed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Liquidator)

Name :

Liquidator’s Approval No. :

Date :

**Attention:**

It is an offence under section 591 of the Companies Act 2016 to make or authorize the making of a statement that a person knows is false or misleading and that person may be liable, upon conviction, to imprisonment for a term not exceeding ten years or to a fine not exceeding RM3 million or to both.

|  |  |
| --- | --- |
| **LODGER INFORMATION** | |
| Name | : |
| NRIC No | : |
| Address | : |
| Phone No | : |
| Email Address | : |