PERSATUAN BANK - BANK PELABURAN LABUAN
LABUAN INVESTMENT BANKS ASSOCIATION

(REGISTRATION NUMBER: PPM-033-15-12042023) (REGISTERED ON 12 APRIL 2023)
LEVEL 12(D), MAIN OFFICE TOWER, FINANCIAL PARK LABUAN, JALAN MERDEKA,
87000 F. T. LABUAN, MALAYSIA. TEL: +6087-410730 FAX: +6087-410732

MEMBERSHIP APPLICATION FORM

NAME & CORRESPONCES DETAILS			
(This contact will be used by the Secretariat when corresponding with Members)			
Membership Number			(For Official use)
Name of Company:			
Company License No:			
Name of Principal Officer:			
New IC / Passport No.:			
Labuan Office Address:			
Town/City:	Postcode:	Country:	
Office Tel No:	Fax No:	Website:	
E-mail Address and Handphone no of Principal Officer			
Email Address:	Handphone No:		

COMPANY REGISTERED ADDRESS			
Trust Company Name:			
Address:			
Town/City:	Postcode:	Country:	
Office Tel No:	Fax No:		

KL MARKETING OFFICE (IF APPLICABLE)			
Address:			
Town/City:	Postcode:	Country:	
Office Tel No:	Fax No:		

OTHER OFFICE (IF APPLICABLE)			
Address:			
Town/City:	**Postcode:**	**Country:**	
Office Tel No:	**Fax No:**		

COMPLIANCE OFFICER			
Name:			
Designation:			
Address:			
Town/City:	**Postcode:**	**Country:**	
Email Address:	**Handphone No:**		

ALTERNATE REPRESENTATIVE OF COMPANY (MAIN REPRESENTATIVE MUST BE THE PRINCIPAL OFFICER)			
ALTERNATE REPRESENTATIVE			
Name:			
Designation:			
Address:			
Town/City:	**Postcode:**	**Country:**	
Email Address:	**Handphone No:**		

MEMBERSHIP FEES

MEMBERSHIP FEE COMPRISES OF: -

1) ADMISSION FEE (ONE-TIME PAYMENT): RM 1,000.00

2) ANNUAL SUBSCRIPTION: RM 2,500.00

Payment can be made to the following account:

Account Holder	**:** PERSATUAN BANK-BANK PELABURAN LABUAN (LABUAN INVESTMENT BANK ASSOCIATION)
TIN No.	**:** F 59466228010
Account No.	**:** 1501-0002000-71-0
Bank Address	**:** Bank Muamalat Malaysia Berhad, Lot 25, Block B, Lazenda Centre, Jalan OKK Abdullah, 87007 Labuan F.T., Malaysia
Swift Code	**:** BMMBMYKLXXX

ACKNOWLEDGEMENT AND CONSENT	
We have read the Constitution of LIBA as provided in the email and we hereby acknowledge and agree to comply with all the rules and regulations. We hereby authorise LIBA to retain and use all data and to further transmit it to its authorised agents, government agencies, or all other persons or bodies who provide them with services necessary for and / or incident to the purposes and objectives of LIBA.	
Proposer:	**Membership No:**
Signature:	
Seconder:	**Membership No:**
Signature	
Signature of Applicant & Company Stamp:	

(FOR INTERNAL USE ONLY)
APPROVED BY:
DATE OF APPROVAL: