



## KNOW YOUR CLIENT FORM ("KYC")

## For Office Used ONLY

(i) Staff is required to fill in this form before proceeding with the Application Form (Unit Trust Department) or Account Opening Form (Fund Management Department)

|  | (ii) This is to be attached together with the Application Form (Unit Trust Department) or Account Opening Form (Fund Management Department) |                             |                                   |                     |                                     |  |  |
|--|---|-----------------------------|-----------------------------------|---------------------|-------------------------------------|--|--|
| Please tick (/) on the box  A. PROFILE OF INDIVID                                      | DUAL / CORPORATE / ORGANIZATIO  | ON / INSTITUTION            |                                   |                     |                                     |  |  |
| Client's Individual Name /   |   |                             |                                   |                     |                                     |  |  |
| Corporate/Organization/Institutio  | n   |                             |                                   |                     |                                     |  |  |
| New Identification Card (IC)   |   |                             | ID No. Polic                      | ce / Army           |                                     |  |  |
| Registration No.   |   | Data of Data                |                                   | A to a the state of |                                     |  |  |
| Corporate/Organization/Institutio  |   | Date of Reg                 | istration Corporate/Organizatio   | n/Institution       |                                     |  |  |
| Address Individual /   |   |                             |                                   |                     |                                     |  |  |
| Corporate/Organization/Institutio  | n   |                             |                                   |                     |                                     |  |  |
| Postcode   |   | City                        |                                   |                     |                                     |  |  |
| State  |   | Country                     |                                   |                     |                                     |  |  |
| Telephone No.  |   | Fax No.                     |                                   |                     |                                     |  |  |
| Handphone No.  |   | Website                     |                                   |                     |                                     |  |  |
|  |   | E-mail Addr                 | ess                               |                     |                                     |  |  |
| B. TYPE OF PROFESSION  | ON / RUSINESS   |                             |                                   |                     |                                     |  |  |
| Individual Client :  | SILY DOSINESS   |                             |                                   | _                   |                                     |  |  |
|  | vate Sector<br>ase verify :   | Professional Please verify: | Housewife                         |                     | Public Sector Please verfiy:        |  |  |
|  |   |                             | _                                 | -                   |                                     |  |  |
| Stud   | dent  | Retiree                     | Others<br>Please Veri             | L<br>fy:            | Self-Owned Business Please verify : |  |  |
| Corporate / Organization / Institut  | tion :  |                             |                                   |                     |                                     |  |  |
|  | ited  | Governeme                   | nt Link Companies                 | Governme            | nt Owned Companies                  |  |  |
| Lice   | ensed Financial Institution   | Statutory Bo                | dy                                | Cooperativ          | re                                  |  |  |
| Org  | ganization / Club   | Private Limit               | ted                               | Others :            |                                     |  |  |
| C. INCOME AND SOURCE OF INCOME FOR INDIVIDUAL / CORPORATE / ORGANIZATION / INSTITUTION |   |                             |                                   |                     |                                     |  |  |
| Annual Gross Income :  |   |                             |                                   |                     |                                     |  |  |
| Client Individual : RM   |   | Client Corpo                | rate / Organization / Institution | : <u>RM</u>         |                                     |  |  |
| Estimated Investment : RM  |   | Source of In                | come :                            |                     |                                     |  |  |
|  |   |                             | <u> </u>                          |                     |                                     |  |  |
| Reason for Investment :  |   |                             |                                   |                     |                                     |  |  |

| D.                        | ENHANCED DUE DILIGENCE   |             |                 |                    |                    |   |  |
|---------------------------|--|-------------|-----------------|--------------------|--------------------|---|--|
| No.                       |  | Items       |                 | Yes                | No                 | Other Statement   |  |
| 1                         | Investor related to PEPS   |             |                 |                    |                    | Please specify :  |  |
| 2                         | Investor is a foreigner  |             |                 |                    |                    | Please specify country :                                |  |
| 3                         | Investment amount does not justify the investor employment and income received             |             |                 |                    |                    | If self-employed, please justify the type of business : |  |
| 4                         | Investor originated from high risk country according to INCSR/FATF/TI/UN                   |             |                 |                    |                    | Please specify country :                                |  |
| 5                         | Investor is a foreigner and self-employed and does not have a steady income                |             |                 |                    |                    | If self-employed, please justify the type of business : |  |
| 6                         | Investor is categorised as high networth client (the starting investing amount is RM 150k) |             |                 |                    |                    |   |  |
| 7                         | Investor has been listed as wanted individual by Bank Negara / United Nation               |             |                 |                    |                    | Please specify :  |  |
| 8                         | Account Opening with cash more than RM 50k   |             |                 |                    |                    | Please specfiy the amount :                             |  |
|                           |  |             |                 |                    |                    |   |  |
| E.                        | CLIENT PROFILE   |             |                 |                    |                    |   |  |
|                           | Low Risk Client  |             | Approval at Cor | mpliance level     |                    |   |  |
|                           | High Risk Client   |             | Approval at MD  | ) / CEO level aft. | er verification m  | nade by Compliance Officer                              |  |
|                           | riigii Nisk Chent  |             | Approvarativio  | 7 CEO level alti   | er verification if | lade by compliance officer                              |  |
| F.                        | COMMENT BY MARKETING   | DEPARTMENT  |                 |                    |                    |   |  |
|                           |  |             |                 |                    |                    |   |  |
| Name of Mark              | keting Officer   | :           |                 |                    |                    |   |  |
| Signature                 |  | :           |                 |                    |                    |   |  |
| Date                      |  | :           |                 |                    |                    |   |  |
| Officer Seal              |  | :           |                 |                    |                    |   |  |
| Comment by I              | Marketing Officer  | :           |                 |                    |                    |   |  |
| G.                        | VERIFICATION BY COMPLIA  | NCF OFFICER |                 |                    |                    |   |  |
|                           |  |             |                 |                    |                    |   |  |
|                           |  |             | Low Risk Client |                    |                    | High Risk Client  |  |
|                           |  |             | Approve         |                    |                    | Approve   |  |
|                           |  |             | Not Approve     |                    |                    | Not Approve   |  |
| Siganture                 |  | :           |                 |                    |                    |   |  |
| o.gamear c                |  |             |                 |                    |                    |   |  |
| Date                      |  | :           |                 |                    |                    |   |  |
| Compliance O              | officer Seal   | :           |                 |                    |                    |   |  |
| Comment by 0              | Compliance Officer   | :           |                 |                    |                    |   |  |
|                           |  |             |                 |                    |                    |   |  |
| J. APPROVAL FROM MD / CEO |  |             |                 |                    |                    |   |  |
| Approve / No              | Approve / Not Approve  |             |                 |                    |                    |   |  |

Signature :

Date :

MD / CEO Seal :

Comment by MD / CEO :

## Notes :

| 1 | PEPS  | Political Exposed Persons ( Local / Foreigner who hold a high post in the politics and government  |  |  |
|---|-------|--|--|--|
| 2 | INCSR | International Narcotics Control Strategic Report   |  |  |
| 3 | FATF  | Financial Action Task Force on Money Laundering is a body who categorised a company's risk profile |  |  |
| 4 | TI    | Transparency International Corruption Preception Index   |  |  |
| 5 | UN    | United Nation sanction List  |  |  |