

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 INDIVIDUAL / CORPORATE / ORGANIZATION / INSTITUTION

Client's Individual Name /
Corporate/Organization/Institution _____

New Identification Card (IC) _____ ID No. Police / Army _____
Date of Birth _____

Registration No.
Corporate/Organization/Institution _____ Date of Registration Corporate/Organization/Institution _____

Address Individual /
Corporate/Organization/Institution _____

Nationality _____

Postcode _____ City _____

State _____ Country _____

Telephone No. _____ Fax No. _____

Handphone No. _____ Website _____
E-mail Address _____

B. TYPE OF PROFESSION / BUSINESS

Individual Client :

Name of Employer : _____
Nature of Business: _____

Profession : Private Sector Professional Housewife Public Sector
 Student Retiree Others Self-Owned Business

Corporate / Organization / Institution :

Profession : Limited Government Link Companies Government Owned Companies
 Licensed Financial Institution Statutory Body Cooperative
 Organization / Club Private Limited Others : _____

C. INCOME AND SOURCE OF INCOME FOR INDIVIDUAL / CORPORATE / ORGANIZATION / INSTITUTION

Annual Gross Income :

Client Individual : _____ : RM _____ Client Corporate / Organization / Institution : RM _____
Estimated Investment : RM _____ Source of Income : _____
Reason for Investment : _____

D. ENHANCED DUE DILIGENCE

No.	Items	Yes	No	Other Statement
1	Investor related to PEPS/SOE/GLC			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 (Individual/Corporation) investing amount is >RM 150k using TT / RENTAS			
7	Investor has been listed as wanted individual by Bank Negara / United Nation			Please specify :

E. CLIENT PROFILE

Low Risk Client Approval at Compliance level

High Risk Client Approval at MD / CEO level after verification made by Compliance Officer

F. COMMENT BY MARKETING DEPARTMENT

Name of Marketing Officer : _____

Signature : _____

Date : _____

Officer Seal : _____

Comment by Marketing Officer : _____

G. VERIFICATION BY COMPLIANCE OFFICER

Low Risk Client	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Approve
	<input type="checkbox"/>	Not Approve	<input type="checkbox"/>	Not Approve

Signature : _____

Date : _____

Compliance Officer Seal : _____

Comment by Compliance Officer : _____

J. APPROVAL FROM MD / CEO

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