CIMB Principal ASSET MANAGEMENT

# ACCOUNT OPENING FORM

IMPORTANT: 1. Please complete this form in **BLOCK LETTERS** and **BLACK INK ONLY**. All applicants MUST enclose a photocopy of their NRIC or Passport.
2. Please insert ☒ where appropriate.

DO NOT CROSS UNUSED FIELDS

## 1 INVESTMENT TYPE

☐ EPF/S2 ☐ Cash

## 2 PARTICULARS OF APPLICANT

NRIC NO. (New) (Individual Applicant) ____ – ____ – ____

DATE OF BIRTH ____ / ____ / ____ (DD MM YYYY)

NRIC NO. (Old) / PASSPORT NO. (Alphabet Only) ____ ____ ____

REGISTRATION NO. (Non-Individual Applicant) ____ – ____ (Alphabet Only)

STATUS ☐ Bumiputra ☐ Non-Bumiputra ☐ Foreign (Please indicate code) ____

TITLE (Alphabet Only) ☐ Mr ☐ Ms ☐ Others, specify ____

NAME (Full name as in NRIC / Passport / Registration)

### 2a INDIVIDUAL APPLICANT ONLY

GENDER ☐ Male ☐ Female

RACE ☐ Bumi ☐ Chinese ☐ Indian ☐ Others

OCCUPATION (Please indicate code) ____

ANNUAL INCOME ☐ Below RM24,000 ☐ RM24,000 - RM60,000 ☐ RM60,001 - RM100,000 ☐ Above RM100,000

MOTHER'S MAIDEN NAME (For security verification)

### 2b NON-INDIVIDUAL APPLICANT ONLY

NATURE OF BUSINESS (Please indicate code) ____

TYPE OF BUSINESS ☐ Sole Proprietorship ☐ Private Limited (Sdn Bhd) ☐ Non-Profit Organisation ☐ Partnership ☐ Public Limited (Berhad) ☐ Governmental / Semi Governmental Bodies

PERSON TO CONTACT

DESIGNATION

## 3 PARTICULARS OF JOINT APPLICANT

NRIC NO. (New) ____ – ____ – ____

DATE OF BIRTH ____ / ____ / ____ (DD MM YYYY)

NRIC NO. (Old) / PASSPORT NO. / BIRTH CERTIFICATE NO. (Alphabet Only) ____ ____ ____

GENDER ☐ Male ☐ Female

RACE ☐ Bumi ☐ Chinese ☐ Indian ☐ Others

NAME (Full name as in NRIC / Passport / Birth Certificate)

## 4 CONTACT DETAILS (For Individual Applicant/s Only)

ADDRESS (No. / Lot / Block No. / Apartment No.)

Town / Jln / Kg

Postcode ____ City / Town ____

State / Country ____ (HP) ____ – ____

TEL. NO. (OFF) ____ – ____ (HSE/FAX) ____ – ____

E-MAIL ADDRESS (By providing your e-mail address I/We agree to receive future electronic investment information/notification from CIMB Principal Asset Management Berhad)

## 5 EXCHANGE CONTROL DECLARATION (Non-Malaysians & Malaysians residing outside Malaysia / Corporations not incorporated in Malaysia under the Companies Act 1965)

I / We declare that I am / we are citizen(s) of ____ (Please indicate code) and permanent resident(s) of ____ (Please indicate code) | We declare that our Company is incorporated in ____ (Please indicate code) and we declare that we are non-resident for exchange control purposes.

## 6 AUTHORITY TO OPERATE JOINT ACCOUNT (Authorisation for all transactions in respect of units jointly held) (Please refer to Declaration 17.1 to 17.3 overleaf)

☐ ONE Applicant To Sign ☐ Both Applicants To Sign ☐ Either Applicant To Sign

## 7 GENERAL DECLARATION / SIGNATURE(S)

I / We have read and understood the prospectus and supplementary prospectus(es) (if any) for the Fund(s) to be invested in and agree to be bound by the terms and conditions set out overleaf for every transaction with CIMB Principal Asset Management Berhad in respect of the account applied for hereunder. I / We acknowledge that I / We have received a copy of the Unit Trust Risk Disclosure Statement as attached with this application form and understand its contents. I / We acknowledge and accept that CIMB Principal Asset Management Berhad has absolute discretion to rely on this confirmation from me / us and I / We undertake to indemnify and hold harmless CIMB Principal Asset Management Berhad, its employees and agents against all costs, expenses, losses liabilities, claims and demands arising out of this confirmation.

Please affix company Seal (for Corporate Applicant Only)

SIGNATURE OF APPLICANT / AUTHORISED SIGNATORY ____ SIGNATURE OF JOINT APPLICANT / AUTHORISED SIGNATORY (Cross out if not applicable) ____ DATE ____

## FOR UNIT TRUST CONSULTANT / BANK BRANCH USE

I / We have read and understood the Declaration by a Unit Trust Consultant (overleaf) and I/We have complied with the requirements of the said Declaration.

NAME OF CONSULTANT / BANK BRANCH : ____

SIGNATURE : ____

DATE : ____

CONSULTANT / BANK CODE : ____

CONSULTANT H/P NO. : ____

015 SERIAL NO. 000051

## FOR OFFICE USE

INITIAL & DATE : ____

HOLDER TYPE : ☐ N ☐ E ☐ M ☐ G

CHANNEL : ☐ Consultant ☐ IUTA

SAMPLE