



## Change Of Signature & Power To Sign Form

**IMPORTANT:** 1. Please complete in CAPITAL LETTERS and BLACK INK only, and tick  where applicable. Any alteration made must be countersigned.  
2. Your request for change will be automatically updated for all your products if you do not tick any product below.

**Account Type**    Single    Joint    Corporate   **Account No. / Portfolio Code**

**Product**

All    UTF    PRS    DPM    NDPM

### DETAILS OF APPLICANT

**Full Name (as per NRIC / Passport / Certificate of Incorporation)**

**NRIC No.**  -  -

**Passport No. / Other**

**Certificate of Incorporation No.**

**Office No.**

**Contact Person**

### DETAILS OF JOINT-APPLICANT

**Full Name (as per NRIC / Passport)**

**NRIC No.**  -  -

**Passport No. / Other**

### CHANGE OF POWER TO SIGN

First Applicant To Sign    Either One To Sign    Both To Sign

### CHANGE OF APPLICANT'S SIGNATURE

Name	New Signature	Existing Signature (Optional)
<b>First Applicant Name*</b>		
<b>Joint-applicant Name*</b>		

*Note: \*Please provide a copy of NRIC. The change will only take effect upon the Applicant receiving a telephone call from Affin Hwang AM to confirm the request. The request to change signature will be voided in the event the Applicant cannot be reached by telephone after five (5) business days upon Affin Hwang AM's receipt of this form.*



## DECLARATION AND SIGNATURE(S)

I / We acknowledge that I / we have received, read and understood the relevant Prospectus, Information Memorandum, Disclosure Document dated 22 September 2014 and any supplemental and/or replacement thereto (if any) and agree to be bound by them for my initial and subsequent transactions with Affin Hwang Asset Management Berhad ("Affin Hwang AM").

I / We acknowledge that I / we am / are aware of the fees and charges that I / we will incur directly and indirectly when investing in the relevant fund, and such fees and charges are exclusive of goods and services tax (if applicable).

I / We hereby acknowledge and agree to be responsible for ensuring the accuracy and completeness of the information provided in this form and I / we shall not hold Affin Hwang AM responsible and liable for any losses suffered by me / us due to inaccurate information provided herein.

I / We acknowledge and accept that Affin Hwang AM has absolute discretion to rely on the information and/or instruction provided herein from me / us and I / we undertake to indemnify and hold harmless Affin Hwang AM, its' employees, agents against all cost, liabilities, claims and demands arising out of the information and/or instruction provided herein.

**Important: For Joint-account, change of Power to Sign and/or Change of Signature must be signed by both applicants.**

Signature of First Applicant /  
Authorised Signatory

Date:

Affix Seal Or  
Company Stamp Here

Signature of Joint-applicant /  
Authorised Signatory(ies)

Date:

## COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC / PRC)

## FOR OFFICE USE ONLY

Name (as per NRIC)  _____										
*UTC / PRC Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
*Delete where not applicable.										

Reporting Branch  _____
Tel No. _____

Form Verified By:  Name: Date:	Processed By:  Name: Date:
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