



Client Information Update Request Form

IMPORTANT: Please complete in CAPITAL LETTERS and BLACK INK only, and tick where applicable. Any alteration made must be countersigned.

DETAILS OF FIRST APPLICANT

Salutation

Account No.

Full Name (as per NRIC / Passport)

Staff No.

UTC / PRC Code

This field is only for Affin Hwang AM Staff / UTC / PRC

Nationality Malaysian Non-Malaysian, please specify

NRIC No.

Passport No. / Other

Permanent Address

Town / City **Postcode**

State

Country

Correspondence Address (if different from the above)

Town / City **Postcode**

State

Country

Contact Details

Mobile **Office** **Ext.**

House **Fax**

Email

By completing the email column above, you will receive statement via email only. If you wish to receive statement in hard copies instead of email, please tick here

Race Malay Chinese Indian Other, please specify

Status Bumi Non-Bumi

Marital Status Single Married Divorced Widowed

Do you have any dependents? Yes How many? No



Occupation Self-employed Employed Retiree Student Police / Soldier
 Other, please specify _____

Annual Income RM0 - 100,000 RM100,001 - 150,000 RM150,001 and above

Source of Income Salary / Bonus Savings Inheritance
 Commission Investment Proceeds Business Revenue
 Other, please specify _____

Do you have net personal assets of more than RM15 million (or equivalent in foreign currency)? Yes No

Name of your Employer or Business. For student, please specify your college or university's name.

Address of your employer or business / college or university.

Town / City _____ Postcode _____

State _____

Country _____

Nature of Business A _____ If A18-None of the above, please specify _____

For Nature of Business code, please refer to the Appendix page.

Purpose of your investment

Savings Retirement Education funding for children For benefit of my spouse, children, relative or friend

Other, please specify _____

Do you or any of your family members hold a prominent position in any domestic or international organization, including a political party? Yes No

If yes, please specify the position

If it is your family member, please state relationship

Note: Please refer to Clause 3 of the 'Account Opening - Terms and Conditions' for the list of documents to be provided to support your answers above.

FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")

Affin Hwang Asset Management Berhad ("Company") and its related companies and affiliates are subject to and required to, or have agreed to comply with FATCA or any other arrangements with foreign governments or regulators which may come into force from time to time ("Reporting Requirements").

Please tick one of the following:

I am a U.S. Person
Please fill up Form W-9

Non-U.S. Person - I am not a U.S. citizen nor a U.S. resident for the purposes of U.S. federal income tax and that I am not acting for, or on behalf of, a U.S. tax person; I was not born in the U.S.; I do not have a U.S. passport; I do not have a current U.S. resident or mailing address or a U.S. contact number; or a "care-of" mailing address in my account opening form.

Country of Birth: _____

I am a Non U.S. person but one or more of the below is / are applicable to me:

- I was born in the U.S.;
- I have a U.S. passport;
- I have a current U.S. resident or mailing address or a U.S. contact number, or, I did not provide you with any permanent mailing address;
- I have requested you for the processing of:
 - (a) any standing instruction for payments to be made to any accounts maintained in the U.S.,
 - (b) any power of attorney to be granted to any individual with a U.S. mailing address, and/or,
- I have provided you with an "in-care-of" or a "care-of" mailing address in my account opening form.



TAX RESIDENCY

For the purposes of taxation, I am a resident or citizen in the following countries and my Tax Identification Number ("TIN") or an equivalent in each additional country is set out below or I have indicated that a TIN or its equivalent is unavailable:

Country	TIN	TIN Unavailable (tick the box)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

And beneficiary owner, if applicable:

Country	TIN	TIN Unavailable (tick the box)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Declaration

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

I certify that I am the beneficial owner (or am authorised to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner of an account held with the Company.

I hereby irrevocably and unconditionally warrant and represent to the Company that, the Company shall have the right to provide personal data and information provided to the Company by me and /or acquired by the Company from the public domain, as well as personal data that arises as a result of the provision of services to me, to any governmental authorities, regulatory bodies and /or any other relevant person(s) in respect of the Reporting Requirements.

I hereby acknowledge and agree that such disclosures may involve the transfer of personal data outside of Malaysia and that such disclosures may include but is not limited to any information relating to, arising from and / or in connection with the provision of the services which I have requested, and my investments with the Company.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

DETAILS OF JOINT-APPLICANT

Salutation

Date of Birth

Full Name (as per NRIC / Passport)

Nationality

Malaysian Non-Malaysian, please state

NRIC No.

Passport No. / Other

Gender

Male Female

Race

Malay Chinese Indian Other, please specify

Status

Bumi Non-Bumi

Contact Details

Mobile

Email

Relationship with First Applicant

Parent Spouse Sibling Relative Other, please specify

Power To Sign

First Applicant to Sign Either One to Sign Both to Sign

Marital Status

Single Married Divorced Widowed

Do you have any dependents?

Yes How many? No



Name of your Employer or Business. For student, please specify your college or university's name.

[Grid for name entry]

Address of your employer or business / college or university.

[Grid for address line 1]

[Grid for address line 2]

[Grid for address line 3]

Town / City

[Grid for town/city]

Postcode

[Grid for postcode]

State

[Grid for state]

Country

[Grid for country]

Nature of business

[A][][][]

If A18-None of the above, please specify

For Nature of Business code, please refer to the Appendix page.

Purpose of your investment

Savings Retirement Education funding for children For benefit of my spouse, children, relative or friend

Other, please specify [Grid]

Do you or any of your family members hold a prominent position in any domestic or international organization, including a political party?

Yes No

If yes, please specify the position

[Grid for position]

[Grid for position]

If it is your family member, please state relationship

[Grid for relationship]

Note: Please refer to Clause 3 of the 'Account Opening - Terms and Conditions' for the list of documents to be provided to support your answers above.

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Please tick one of the following:

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Please fill up Form W-9

Non-U.S. Person - I am not a U.S. citizen nor a U.S. resident for the purposes of U.S. federal income tax and that I am not acting for, or on behalf of, a U.S. tax person; I was not born in the U.S.; I do not have a U.S. passport; I do not have a current U.S. resident or mailing address or a U.S. contact number; or a "care-of" mailing address in my account opening form.

Country of Birth: [Grid]

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- I have a current U.S. resident or mailing address or a U.S. contact number, or, I did not provide you with any permanent mailing address;
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		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

And beneficiary owner, if applicable:

Country	TIN	TIN Unavailable (tick the box)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Declaration

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I certify that I am the beneficial owner (or am authorised to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner of an account held with the Company.

I hereby irrevocably and unconditionally warrant and represent to the Company that, the Company shall have the right to provide personal data and information provided to the Company by me and/or acquired by the Company from the public domain, as well as personal data that arises as a result of the provision of services to me, to any governmental authorities, regulatory bodies and/or any other relevant person(s) in respect of the Reporting Requirements.

I hereby acknowledge and agree that such disclosures may involve the transfer of personal data outside of Malaysia and that such disclosures may include but is not limited to any information relating to, arising from and/or in connection with the provision of the services which I have requested, and my investments with the Company.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

DECLARATION AND SIGNATURE(S)

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 Asset Management Berhad ("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 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, its' employees, agents against all cost, liabilities, claims and demands arising out of the information and/or instruction provided herein.

Signature of First Applicant

Date:

Signature of Joint-applicant

Date:



APPENDIX

Code for Nature of Business:

Code	NATURE OF BUSINESS
A01	Cash intensive business ie. where the business receives payments for services and/or goods sold in physical cash (eg. convenience store, restaurants, car parking service, car workshops, car wash centres, beauty salons, petrol kiosks, laundry service, etc)
A02	Casino, betting and other gambling related activities
A03	Night club, karaoke, lounge, sauna, bar
A04	Money service business (eg. non-bank money changers, non-bank money remittance service providers, non-bank currency wholesalers, etc)
A05	Dealers (both individual and corporate) in valuable or precious goods (jewels, gems, art, antique, real estate)
A06	Pawnshop
A07	Arms or weapon related business
A08	Snooker centre
A09	Internet café operator
A10	Forwarding agents
A11	Unregulated hedge fund
A12	Private banking
A13	Offshore banking or offshore trust
A14	Charity
A15	Non-governmental organisation (NGO)
A16	Company incorporation agents
A17	More than one of the above
A18	None of the above