

ADDITIONAL AUTHORISED SIGNATORY FORM (CORPORATE)

Please complete in **BLOCK LETTERS** and tick (✓) where applicable.

1. PARTICULARS OF ACCOUNT HOLDER

Company Name:

Holder Account No.:

Company Registration No.:

Contact No:

2. PARTICULARS OF AUTHORISED SIGNATORY

(Please attach a copy of NRIC/PASSPORT)

Salutation/Title Mr. Ms. Mrs. Mdm.
 Dr. Others _____

Name (Full name as in NRIC/Passport)

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Designation

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NRIC/Passport/Other Identification No.

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Office

--	--

Ext

--

Fax

--	--

Mobile

--	--

Email

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Politically Exposed Person / Closely Associated

 No

 Yes (please specify below)

3. SIGNATURE

I have read and fully understood the terms and conditions in the respective Product Highlight Sheet and Prospectus(es)/Information Memorandum(s) of the respective unit trust funds and agree to abide by them including all amendments thereto from time to time. I irrevocably consent to Areca Capital Sdn Bhd ("ACSB") disclosing from time to time any information or documents relating to me and/or in connection with the enforcement or preservation of rights of the ACSB.

Please affix company's stamp here.

Signature

Name:

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NRIC/Passport No:

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Date:

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Notes: Additional authorized signatory as per BOD Reso dated _____

TO BE COMPLETED BY ARECA UNIT TRUST SCHEME CONSULTANT

AUTHORISED UNIT TRUST SCHEME CONSULTANT DETAILS	
Signature/ Initial:	Authorised Unit Trust Scheme Consultant Code:
Name:	

FOR OFFICE USE BY ACSB

FOR AUTHORISED OFFICER USE ONLY	
Processed by:	Transaction Date:
Notes:	

All duly signed written instructions must reach the business office of ACSB before 3.00pm for it to take effect on the same Business Day.