

CUSTOMER INFORMATION FORM (INDIVIDUAL JOINT HOLDER)

Please complete this form in **BLOCK LETTERS** and tick (✓) whichever applicable.

1. PARTICULARS OF APPLICANT

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

Politically Exposed Person/ Closely Associated No Yes (Please specify) _____

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

NRIC/Passport/Birth Certificate No. _____ Marital Status Married Single Others _____

Passport expiry date _____

Date of Birth _____ Place of Birth _____ Gender Female Male

Nationality Malaysian, Bumiputera Malaysian, Non-Bumiputera Foreigner (Please specify country) _____

Race Malay Chinese Indian Others _____

Mobile _____ Office _____ Ext _____

House _____ Fax _____

Email _____

Permanent Home/Residential Address

Postcode _____ State _____

Country _____

Highest Education Level Primary Secondary Professional College/University

Occupation Employed Unemployed Self-employed Professional Housewife Retiree Student

Company Name _____

Designation/Position _____

Industry/Business Activity _____

Number of years with this Employer/in this Business _____

Source of Funds Salary/Employment Inheritance Investment returns Borrowing Others _____

Annual gross Income and Estimated Net Worth (Own or jointly with spouse)

Annual Gross Income (RM) RM0 to RM60,000 RM60,001 to RM120,000 RM120,001 to RM 180,000
 RM180,001 to RM300,000 RM300,001 to RM500,000 Above RM500,000

Estimated Net-Worth (RM) Up to RM100,000 RM100,001 to RM250,000 RM250,001 to RM 500,000
 RM500,001 to RM1,000,000 RM1,000,001 to RM3,000,000 Above RM3,000,000

2. DETAILS OF SPOUSE *(If applicable)*

Name (Full name as in NRIC/Passport)

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NRIC/Passport/Other Identification No.

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Gender

Female

Male

Date of Birth

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Passport expiry date

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Nationality

Malaysian, Bumiputera

Malaysian, Non-Bumiputera

Foreigner (Please specify country) _____

Race

Malay

Chinese

Indian

Others

Occupation

Employed

Unemployed

Self-employed

Professional

Housewife

Retiree

Student

Mobile

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Office

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Ext

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3. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") DECLARATION

Yes, I am a US Person¹. Please provide IRS Form W-9.

No, I am a Non-U.S. Person but I was born in the U.S. or I have a U.S. mailing address or I have a U.S. passport. Please provide IRS Form W-9.

No, I am a Non-U.S. Person.

¹ U.S. Person refers to U.S. citizen, including naturalized U.S. citizen, U.S. tax resident and U.S. permanent resident for U.S Internal Revenue Services ("IRS") tax purposes.

4. COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION

TAX RESIDENCE INFORMATION

Please complete the country and the related Taxpayer Identification Number (TIN) that you are a tax residence of.

Part A: Country/ Jurisdiction of Residence Declaration

Malaysia Tax Resident
(Not required to complete part B)

Malaysia and Non-Malaysia Tax Resident
(Please proceed to complete Part B)

Non-Malaysia Tax Resident
(Please proceed to complete Part B)

Part B: Non-Malaysia Taxpayer Identification Number Declaration

Note: Please indicate all (not restricted to three) jurisdiction of residence. If space provided is insufficient, please furnish the additional information in a separate Self-Certification Form.

	Country / Jurisdiction of Tax Residence	Tax Identification Number (TIN) or equivalent	If TIN is unavailable, please state the reason (A, B or C) where appropriate. If your reason is B, please explain why TIN is unavailable.
1			
2			
3			

Reason A – The country/jurisdiction where Account Holder is liable to pay tax does not issue TIN to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number. Please specify the reason.

Reason C – No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes do not require the TIN to be disclosed)

DECLARATION

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with ACSB setting out how ACSB may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account may be provided directly or indirectly to any relevant tax authority, including of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdiction in which the Account Holder may be resident for tax purposes pursuant to agreements between competent authorities to exchange financial account information.

I certified that the information provided is true, accurate and complete. If there is a change in circumstances that affects the tax residence of the Account Holder or causes the information contained herein to become incorrect or incomplete, I understand that I am obligated to inform ACSB of the change in circumstances within 30 days of its occurrence and to provide a suitably updated Self-Certification.

5. DECLARATIONS BY ACCOUNT HOLDER

- I declare that I have not been convicted by any court for criminal offences in Malaysia or overseas.
- I declare I have not been subjected to any bankruptcy proceedings or failed to meet any judgement debts in Malaysia or overseas.
- I declare that I have read and fully understood all the Declarations, Acknowledgement of Liability and Indemnity by Account Holder(s) in Section D of the Account Opening Master Form.

6. TERMS AND CONDITIONS

a) Rights of the Areca Capital Sdn. Bhd. ("ACSB" or "the Company")

- The Terms and Conditions herein are not exhaustive and the Company reserves the right to add, delete, vary or amend these Terms and Conditions at any time and from time to time at its sole and absolute discretion and the Account Holder(s) hereby agree to any such additions, deletions, variations or amendments to the Terms and Conditions. Where there are conflicting terms, the terms in the relevant disclosure documents shall prevail.

b) Account Holder(s)/Joint Holder(s)

- A Principal Holder must be 18 years and above and must sign on the Account Opening Master Form.
- A Joint Holder may be a minor, in which case, signature may not be required. Specimen signature is required upon Account Holder reaching 18 years of age.
- In the case of death of a non-Muslim Account Holder for Funds managed by ACSB, the surviving Joint Holder(s) will be the only person(s) recognised by ACSB and/or the trustee of the respective unit trust fund as having title, right or interest to and in the units held, except where the units have been collateralised or charged to any institution.

c) Anti-Money Laundering Statement

- The source of all funds paid by the Account Holder(s) to ACSB from time to time shall come from a legitimate source or business activity.
- Account Holder(s) must provide all information and documents required and declare that all particulars given are true and complete to allow ACSB to verify the Account Holder's identity.
- ACSB shall not be held liable for any reason whatsoever and Account Holder(s) agree(s) to indemnify the Company from any losses whatsoever as a result or in connection with any delay or failure to process any application/transaction if such information and/or documents are not provided on time to the Company.
- ACSB reserves the right to reject any application if the Account Holder(s) is/are not able to prove the information and/or documents required or if the Account Holder is found to have breached or in compliance with the laws, regulations and rules on Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AML/ATF) and 'Know Your Customer' policy of the Company. Rejected application will be notified.

d) Personal Data Protection

- The protection of personal data is an important concern to ACSB. Any personal data collected on this form will be treated in accordance with the Personal Data Protection Notice of ACSB (PDPA Notice). Kindly visit www.arecacapital.com to view the contents of the ACSB's PDPA Notice.
- Please ensure that you have read and understood the PDPA Notice and, where you have provided us with the personal data of any other person, the said person has also read and understood the PDPA Notice. By executing this Account Opening Master Form, you represent that
 - you have read and understood the PDPA Notice and consent to ACSB processing of your personal data; and
 - where you have provided the personal data of any other person, the said person has read and understood the PDPA Notice and he/she consents to ACSB processing of his/her personal data.

7. DECLARATION

I have read and fully understood the terms and conditions in this form, the respective Product Highlight Sheet and Prospectus(es)/Information Memorandum(s) of the respective unit trust funds of the respective unit trust funds and agree to abide the same, including any amendments made thereto from time to time.

Signature

Name:

 NRIC/Passport/Birth Certificate No:

 Date:

FOR ARECA AUTHORISED UNIT TRUST SCHEME CONSULTANT USE

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

FOR OFFICE USE BY ACSB

FOR AUTHORISED OFFICER USE ONLY	
Processed by:	Transaction Date:
Notes:	
CRS	<input type="checkbox"/> Reportable <input type="checkbox"/> Non- Reportable

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.