

- (a) they have read and understood the PDPA Policy and consent is given to ACSB to process their personal data; and
- (b) where they have provided the personal data of any other person, the said person has read and understood the PDPA Policy and he/she consents to ACSB processing of his/her personal data.

F. SIGNATURE(S) OF TRANSFEREE

I/We hereby confirm, acknowledge and agree:-

- that I/we have read and fully understood the Terms and Conditions in this **Transfer Form** accompanied by the relevant Disclosure Documents of the respective unit trust fund(s) and agree to be bound by them.
- that the information provided above is accurate and complete and that I/we am/are the Account Holder(s) to the account. I/We agree to indemnify ACSB, its directors, officers, employees, agents and representatives against all actions, suits, proceedings, claims, damages and losses which may be suffered by ACSB as a result of any inaccuracy in the information provided herein.

Please do not pre-sign or sign an incomplete form.

Signature	Signature	Signature
Name:	Name:	Name:
Date:	Date:	Date:

FOR ARECA AUTHORISED UTSC USE ONLY

ARECA AUTHORISED UTSC DETAILS		
Signature:	Name:	FIMM Code:
Declaration: <ul style="list-style-type: none"> I hereby confirm that I have witnessed the signature(s) of the Account Holder(s) and I confirm that the particulars of the Account Holder(s) stated herein to be true and correct. I hereby confirm and declare that all the information I have access to pursuant to my role as the UTSC shall be strictly for ACSB's use only and I undertake that I shall not under any circumstances use or utilise any part of the information I have access to in my professional capacity as UTSC for my personal use. I agree that ACSB reserves the right to pursue whatever remedies it deems fit and proper if I am discovered to have misused or abused any information I have access to pursuant to my role as the UTSC. I hereby confirm that I have exercised reasonable care, skill, and due diligence in providing all services and performing all duties including but not limited to managing affairs of the client(s) in accordance with the applicable regulatory guidelines, regardless of whether the client is identified, discloses, or is reasonably assessed as a Vulnerable Client or otherwise. 		
MEETING NOTES		
Date:	Time:	Location:
Other Information:		
OTHER SUPPORTING DOCUMENTS / CLIENT DUE DILIGENCE		
<input type="checkbox"/> CDD 7 - Profile Update Form (if applicable) <input type="checkbox"/> Investor Suitability Assessment Form (for existing account, if applicable) <input type="checkbox"/> Deceased Case - Grant of Probate / Letter of Administrator / Death Certificate (Joint Account) / Other equivalent document(s) <input type="checkbox"/> Letter of Consent (conversion of account from EPF to Non-EPF) & respective UTMC's form(s)		

FOR OFFICE USE BY ACSB**FOR AUTHORISED OFFICER USE ONLY**

Processed by:	Transaction Date:
Notes:	