

Investment Documentation Checklist

Transaction Date:

CIF No:

Product Name:

Customer Name:

Check for Completeness of Documentation (New Account – Subscription)

* Please indicate N/A if the form is not required / applicable

No	Forms and Documentation	Maker Individual/ Non-Individual	Checker																					
New to Bank / New to product only																								
1	Account Opening Form - Individual & Corporate Photocopy of NRIC & Passport and utilities bill (non-individual: directors / signatories)																							
2	Investment Application Form																							
3	Foreign Account Tax Compliance Act ("FATCA")																							
4	Declaration of Investor & Letter of Intent																							
5	Signature Specimen																							
6	Investment Master Agreement – (Sign relevant fields & initial every page) Note: Two copies of agreement to be signed																							
7	Investor Suitability Assessment Form - Dated: Note: Risk Profile expires every 12 months and ISA must be re-submitted																							
8	Declaration on investment in foreign currency assets by Resident																							
9	Certified true copies of company's constitutional documents <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Malaysia Onshore form</th> <th style="width: 20%;">Labuan offshore form</th> <th style="width: 60%;">Description</th> </tr> </thead> <tbody> <tr> <td>Form 8</td> <td></td> <td>Certificate Of Incorporation of Public Co.</td> </tr> <tr> <td>Form 9</td> <td>Form 7</td> <td>Certificate Of Incorporation of Private Co.</td> </tr> <tr> <td>Form 13</td> <td>Form 11</td> <td>Change of company name</td> </tr> <tr> <td>Form 24</td> <td>Form 13</td> <td>Return of allotment of share</td> </tr> <tr> <td>Form 44</td> <td>Form 23</td> <td>Notice of situation of registered office</td> </tr> <tr> <td>Form 49</td> <td>Form 25</td> <td>Register of director, manager, secretarial and change of particulars</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <input type="checkbox"/> Memorandum and Articles of Association <input type="checkbox"/> Latest Annual Return <input type="checkbox"/> Certificate of Incumbency / Letter of Information / Letter of Good Standing (latest 6 months) <p>Note: For company incorporated other than Malaysia or Labuan may provide documents base on above description or its equivalent</p>	Malaysia Onshore form	Labuan offshore form	Description	Form 8		Certificate Of Incorporation of Public Co.	Form 9	Form 7	Certificate Of Incorporation of Private Co.	Form 13	Form 11	Change of company name	Form 24	Form 13	Return of allotment of share	Form 44	Form 23	Notice of situation of registered office	Form 49	Form 25	Register of director, manager, secretarial and change of particulars		
Malaysia Onshore form	Labuan offshore form	Description																						
Form 8		Certificate Of Incorporation of Public Co.																						
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Form 44	Form 23	Notice of situation of registered office																						
Form 49	Form 25	Register of director, manager, secretarial and change of particulars																						
10	Board Resolution																							
Subscription / Top up of Investment																								
1	Transaction Form																							
2	Information Memorandum and Pricing Supplement - No signature required, to be given to customer only																							
3	W-8BEN / W-8BEN E form (Applicable to securities which pay US source FDAP income; one W-8BEN form per investor)																							
Redemption of Investment																								
1	Transaction Form																							

Attended by: Sales Representative (Maker)
Signature:

Name:
Date:

Checked by: Sales Leader (Checker)
Signature:

Name:
Date:

CREDIT INVESTMENT BANK LTD (LL16483)

INDIVIDUAL ACCOUNT OPENING APPLICATION FORM

Date : day/month/year

Bank Reference

Client Information	Name		Permanent Residential Address (Do not use P.O. Box address) Owned _____ Leased _____
	Date of Birth (dd/mm/yyyy)	Gender Male _____ Female _____	
	Race <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Others _____		
	Nationality	Second Nationality (For Dual Citizenships)	Mailing address (if different to the permanent residential address)
	Identity Card (I.C.) Number	Age	
	Passport No.	Passport Expiry Date	Home Telephone No.
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced		Mobile Phone No.
	Mother's Maiden Name	Introducer	Email
Employment Information	Occupation <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retiree <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Unemployed		Applicant Employer Name and Address
	Job Title/ Present Position (if applicable)		
	Employment Start Date (if applicable)		
	Business Telephone No.	Fax No.	
	Other Information		
Asset / Financial Information	Primary Purpose of Account		Applicant(s) Estimated Gross Annual Income
	Source of Funds		Source of Wealth
Account Type	<input type="checkbox"/> Customer Term Loan <input type="checkbox"/> Wealth Management <input type="checkbox"/> Customer Reserve Funds		<input type="checkbox"/> Customer Investment <input type="checkbox"/> Financial Advisory <input type="checkbox"/> Customer Guarantee Funds
Account Currency	<input type="checkbox"/> Chinese Renminbi (CNY) <input type="checkbox"/> U.S. Dollar (USD) <input type="checkbox"/> Malaysia Ringgit (MYR) <input type="checkbox"/> Hong Kong Dollar (HKD) <input type="checkbox"/> Singapore Dollar (SGD) <input type="checkbox"/> EURO (EUR) <input type="checkbox"/> Others: _____		

Investment Application Form

PARTICULARS OF PRINCIPAL HOLDER (APPLICANT)

* denotes mandatory field which must be properly disclosed and completed by the applicant. Please tick (✓) where applicable.

Principal Holder's Name* <i>(As Per NRIC/Passport)</i>			
NRIC/Passport No*		Date of Birth*	
Race*	() Malay () Chinese () Indian () Others	Nationality*	() Malaysian () Non-Malaysian Country: _____
Email*	_____ By completing your email above, you consented to receive statements, reports and communication relating to your investment via email only. If you wish to receive hardcopies instead of electronic copies, please tick here ().		
Contact No.*	Mobile: _____	Home: _____	
Residential Address* <i>(As Per NRIC)</i>			
Correspondence Address* <i>(If Different From Residential Address)</i>			

EMPLOYMENT / BUSINESS OF PRINCIPAL APPLICANT

Principal Holder's Occupation*	() Employed () Self-Employed () Retiree () Student () Housewife () Unemployed				
Present Position*		Name of Company*			
Nature of Business*		Company's Address*			
Contact No.	Office: _____	Fax: _____			
Present Annual Income*	() Up To RM30,000	() RM30,001-RM60,000	() RM60,001-Rm120,000	() RM120,001-RM300,000	() Above RM300,000
Estimated Net Worth*	() Up To RM100,000	() RM100,001-RM500,000	() RM500,001-RM3,000,000	() Above RM3,000,000	
Source of Funds*	() Salary/Employment/Commission () Inheritance () Investment Returns () Insurance Maturity () Own Business Income () Gift () EPF () Others. Please Specify: _____				

PARTICULARS OF JOINT APPLICANT (IF APPLICABLE)

Joint Holder's Name* <i>(As Per NRIC/Passport)</i>			
NRIC/Passport No*		Date of Birth*	
Race*	() Malay () Chinese () Indian () Others	Nationality*	() Malaysian () Non-Malaysian Country: _____
Email*	_____ By completing your email above, you consented to receive statements, reports and communication relating to your investment via email only. If you wish to receive hardcopies instead of electronic copies, please tick here ().		
Contact No.*	Mobile: _____	Home: _____	
Residential Address* <i>(As Per NRIC)</i>			
Relationship to Principal Holder			

EMPLOYMENT / BUSINESS OF JOINT APPLICANT

Joint Holder's Occupation	() Employed () Self-Employed () Retiree () Student () Housewife () Unemployed				
Present Position*		Name of Company*			
Nature of Business		Company's Address*			
Contact No.	Office: _____	Fax: _____			
Present Annual Income*	() Up To RM30,000	() RM30,001-Rm60,000	() RM60,001-RM120,000	() RM120,001-RM300,000	() Above RM300,000
Estimated Net Worth*	() Up To RM100,000	() RM100,001-RM500,000	() RM500,001-RM3,000,000	() Above RM3,000,000	
Source of Funds*	() Salary/Employment/Commission () Inheritance () Investment Returns () Insurance Maturity () Own Business Income () Gift () EPF () Others. Please Specify: _____				

PARTICULARS OF CORPORATE APPLICANT

Name of Corporation*			
Registration No.*		Nature of Business*	
Incorporation Date*		Place of Incorporation*	
Paid-Up Capital		Shareholder's Equity	
Corporate Status*	<input type="checkbox"/> Bumiputra Controlled <input type="checkbox"/> Non-Bumiputra Controlled <input type="checkbox"/> Non-Malaysian Controlled <input type="checkbox"/> Government Controlled		
Registered Address*			
Correspondence Address*			
Contact No.*	Tel:	Fax:	
Office Email*	Website:		
Name of Director 1* <i>(As Per NRIC)</i>		NRIC*	
Director 1's Address*			
Name of Director 2* <i>(As Per NRIC)</i>		NRIC*	
Director 2's Address*			
Contact Person Name <i>(As Per NRIC)</i>			
Contact Person NRIC		Designation	
Contact No.*	Mobile:	Office:	Fax:
Email*	_____ By completing your email above, you consented to receive statements, reports and communication relating to your investment via email only. If you wish to receive hardcopies instead of electronic copies, please tick here (<input type="checkbox"/>).		

EXCHANGE CONTROL DECLARATION
(Non-Malaysian / Malaysian Residing Outside Malaysia / Non-Malaysian Registered Company)
 I/We declare that I am/we are the citizen(s) of _____ and permanent resident(s) of _____ (indicate country)

 I/We declare that the Company is incorporated in _____ (indicate country)

OPERATING INSTRUCTION FOR INVESTMENT* (MANDATE)

Joint Account	<input type="checkbox"/> First Applicant to Sign	<input type="checkbox"/> Either One to Sign#	<input type="checkbox"/> Both to Sign
Corporate Account	<input type="checkbox"/> As Per Board Resolution	<input type="checkbox"/> As Per Sole Proprietor	

We hereby understand and agree that either one of us can give instruction to conduct any transaction for this account and we release and indemnify CIB, the trustee and the fund against any claims or demands in respect of any liability arising as a result of CIB acting upon this signing instructions.

The mandate given by us as joint account holders may be revoked at any time by any parties to this account.

FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") / COMMON REPORTING STANDARD ("CRS")

NOTE: ONLY INDIVIDUAL INVESTORS ARE REQUIRED TO COMPLETE SECTION A – PRELIMINARY IDENTIFICATION. ALL INVESTORS (INDIVIDUAL, LEGAL ENTITY OR CORPORATE) ARE REQUIRED TO COMPLETE SECTION B AND C. LEGAL ENTITY OR CORPORATE WHICH IS NON FINANCIAL ENTITY ONLY, PLEASE COMPLETE SECTION D.

SECTION A – PRELIMINARY IDENTIFICATION

Please complete this section and tick ("✓") in the "Yes" / "No" column respectively for each of the following questions:

No.	U.S. Indicia	Applicant		Joint Applicant	
		Yes	No	Yes	No
1.	Are you a U.S. citizen or resident? (U.S. Passport / green card holder, U.S. taxpayer, etc.)				
2.	Is U.S. your place of birth?				
3.	Do you hold a current U.S. residence address / mailing address and U.S. post office box?				
4.	Do you have a current U.S. telephone number?				
5.	Do you have standing instructions to pay amounts from CIB account to an account maintained in the U.S.?				

SECTION B – DECLARATION OF US PERSON

All investors (individual, legal entity or corporate) are required to complete the following declaration.

Please tick ("✓") one of the following:

- I am a U.S. person / U.S. Legal Entity(s)
Please provide Form W-9 & photocopy of US Passport
- I am a Non-U.S. person with No U.S. indicia
- I am a Non-U.S. person/ Non-U.S. Legal Entity with one or more U.S. indicia. *Please provide Form W-8BEN (individual) / Form W-8BEN-E (corporate)*

SECTION C – TAX RESIDENCY

All investors (individual, legal entity or corporate) are required to complete the following declaration.

- I / We declare that I / we are tax resident in Malaysia ONLY
- I / We declare that I / we are Foreign tax resident (other than Malaysia). Please list ALL the countries in which you are foreign tax resident:

Name	Country of Tax Residence	Tax Identification No

SECTION D – CONTROLLING PERSON

For corporate which is a non-financial entity (NFE) only, please complete the declaration below.

- I / We declare that I / We are
- Active NFE.
- Passive NFE. Please list ALL Controlling Person(s) with tax residency other than Malaysia in the following table:

Name of Controlling Person	Date of Birth	Residence Address	Country of Tax Residence	Tax Identification No

Declaration for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS")

I/We 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/We hereby consent for Credit Investment Bank Ltd (CIB) that CIB shall have right to provide my/our personal data and information to regulatory authorities in accordance with the requirements of Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) for the Automatic Exchange of Financial Account Information as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.

If there is any update to the account information / FATCA / tax residency status / controlling persons or if updates reveal any change of U.S. indicia or change to FATCA status or tax residency status or controlling persons, I/We hereby agree to notify and furnish CIB with the relevant documentary evidence within 30 Days of such change. I/We consent to and authorise CIB to perform any of the following, if applicable:

- Withhold any applicable payments in the account.
- Report or disclose all relevant information relating to or arising from the account.
- Terminate (with prior notice) my / our contractual relationship(s) with CIB.

Definitions:

- The term "Financial Institution" means a Depository Institution, Custodial Institution, Investment Entity or a Specified Insurance Company. Please refer to the CRS guidance available in Lembaga Hasil Dalam Negeri (LHDN) website for further information.
- The term "NFE" refers to "Non-Financial Entities", which means entity that is not a Financial Institution.
- The term "Active NFE" means entities that:
 - do NOT primarily receive passive income or primarily hold amounts of assets that produce passive income (such as dividends, interest, rents etc.).
 - include entities that are publicly traded (or related to a publicly traded entity), Governmental Entities, International Organisations, Central Banks, or a holding NFEs of non-financial groups.
- The term "Passive NFE" means any NFE that is not an Active NFE. An Investment Entity located in a Non-Participating Jurisdiction is treated as a Passive NFE for purposes of the CRS.
- The term "Controlling Person" means a natural person who exercises control over an entity. If the Controlling Person(s) of Passive NFE who hold directly / indirectly more than 25% of the shares / voting rights are foreign tax resident(s), please list all the countries in which the Controlling Person(s) are foreign tax resident(s).
- A U.S. citizen is considered a tax resident of the United States even if he / she is a tax resident of another jurisdiction. If you are a tax resident of the United States, please provide your U.S. TIN using Form W-9.

I/We hereby acknowledge and declare that:-

- I/We have read and understood the Privacy & Personal Data Policy stated in this form.
- I/We agree to provide the statement and transactions detail to CIB.
- I/We have read and understood the Risk Disclosure Statement.
- I/We am/are aware of all the fees and charges that will be incurred directly or indirectly when investing in the Product(s).

Signature of Principal Holder / Authorised Signatories	Signature of Joint Holder	Common Seal / Company's Stamp
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DECLARATION OF INVESTOR

DATE:

TO: CREDIT INVESTMENT BANK LTD ("Bank")

I, the undersigned hereby affirm that on my own behalf, free will, choice and initiate have enquired about the Product and requested the Bank, or its agent or officer to brief and/or provide information about the Product to me. The information presented, received, and learned from the Bank shall be treated as strictly private and confidential and for my own consumption and reference only. I fully understand that by the Bank responding to my enquiry, I am not obliged to invest or subscribe to the Product.

I fully understand that the Product is strictly not intended to be marketed or offered in Malaysia or made available to any Malaysians in Malaysia except Labuan. The relevant Malaysian authorities including the Securities Commission and Labuan Financial Services Authority are not liable for non-disclosure or misleading statement on the part of the Product and take no responsibility on the contents of the Information Memorandum of the Product. These authorities also take no representations on the accuracy and completeness of the Information Memorandum of the Product, and shall not be claimed on any liability whatsoever arising from, or in reliance upon, the whole or any part of the content of the Information Memorandum of the Product.

I confirm that I am a sophisticated investor by all definitions of that classification known to me; I am a savvy investor, I make my own investment decisions, and have legally acquired assets available.

I further confirm that I have requested information from the Bank and the Bank has neither solicited offers nor marketed the Product to me directly or indirectly. The information provided by the Bank is merely intended to provide background and salient information of the Product only. It does not amount to a recommendation, offer or invitation, either expressly or implied, to make an investment in the Product.

I understand that I should rely on my own evaluation to assess the merits and risks of the investment. In considering the investment, if in doubt as to the action to be taken, I shall consult a qualified adviser immediately.

I confirm that the Bank or its agent is sharing information about the Product with me on a reverse enquiry basis initiated by me. I agree that all emails and facsimile transmitted documents shall be treated as original documents.

For individual:

For Company Account:

Signatory

Name:

NRIC/Passport No:

Date:

For and on behalf of

(Name of Company)

Name:

NRIC/Passport No:

Date:

LETTER OF INTENT

DATE:

TO: CREDIT INVESTMENT BANK LTD ("Bank")

I, the undersigned hereby confirm under penalty of perjury, my full commitment and agreement to participate in the Product, subject to my acceptance of the terms, conditions and procedures that shall be outlined in the Product's Information Memorandum.

Furthermore, I hereby warrant and represent that I have available for placement into the Product, the sum of _____ United States Dollar or others: _____ (US\$ _____ or others: _____)

("Capital Sum") of clean, clear funds, free of any levy, liens or encumbrances and of non-criminal origin, and herewith attach documentary evidence of same. I hereby warrant and represent that the Rule of Full-disclosure has established these Capital Sum was legally obtained from non-criminal business or actions. I further confirm that I am the beneficial owner of these Capital Sum. That I have full signatory authority and control thereof, and that such Capital Sum is available for immediate placement at my sole discretion.

I confirm and acknowledge, with full responsibility, that neither your company nor anyone working on your behalf has solicited me; that the documents that I shall receive shall not be deemed to be a solicitation of Product in connection with an investment program; and, that I am approaching you voluntarily for the purpose of securing participation in the Product. I am also fully aware that the Product is not offered in Malaysia and it is not made available to Malaysians in Malaysia. This Letter of Intent will only be deemed received upon receipt by the Bank or its agents or representatives not in the part of Malaysia except in Labuan.

For Individual:

For Company Account:

Signatory

Name:

NRIC/Passport No:

Date:

For and on behalf of

(Name of Company)

Name:

NRIC/Passport No:

Date:

SIGNATURE SPECIMEN

Name of Account:	Account Number:
Address :	Tel Numbers:
	H/P Number :
	Fax Number :
	E-mail Address :
Authorised Signatory 1	Authorised Signatory 2
_____ (Signature)	_____ (Signature)
Name: NRIC/Passport No: Designation:	Name: NRIC/Passport No: Designation:
Authorised Signatory 3	Company Stamp:
_____ (Signature)	
Name: NRIC/Passport No: Designation:	

**Delete where NOT applicable*

FOR OFFICE USE ONLY	
Type of Account:	Type of Business / Occupation:
Condition of Signatures:	
Remarks:	
Date Account opened:	
Authorised Signatory	Authorised Signatory
Sighted / Verified by:	Approved by:
_____ (Signature)	_____ (Signature)
Name: Staff ID./NRIC: Designation:	Name: Staff ID./NRIC: Designation:

INVESTOR SUITABILITY ASSESSMENT FORM

This Investor Suitability Assessment Form will guide you in choosing the products that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable products are recommended according to your investment needs and objectives.

Warning: This recommendation is made based on information obtained from the suitable assessment. Investors are advised to exercise judgement in making an informed investment decision in relation to the products.

New Investor Review

Note: This suitability assessment form is to be completed by Principal Holder.

Date*			
Consultant Name*		Consultant Code*	

Part 1: Know Your Investor Process

*Mandatory field

Principal Holder Name*			
NRIC/Passport*		Age	
Marital Status*	() Single () Married () Others, please specify: _____		
Gender*	() Male () Female		
No. of Dependant			
Highest Education	() Degree & above () Diploma () STPM / A-Level () SPM & below () Others, please specify: _____		
Occupation*	() Employed () Self-employed Please Specified: _____ Nature of Business: _____		
Annual Income*	() RM30,000 & below () RM60,001- RM120,000 () RM30,001- RM60,000 () Above RM120,000		
Source of Income*	() Employment () Inheritance () Business () Others, please specify: _____		

Part 2: Investor's Financial Situation

Monthly Disposable Income	() RM5,000 & below () RM5,001- RM8,000	() RM8,001- RM15,000 () RM15,001 & above
Total Monthly Commitment	() RM2,000 & below () RM2,001- RM5,000	() RM5,001- RM10,000 () RM10,001 & above
Percentage of Investment of your Total Asset (exclude this investment)	() Below 10% () 11%- 20% () 21%- 30%	() 31%- 40% () 41%- 50% () 51% & above

Part 3: Investor's Financial Solution

(Multiple answers allowed)

Current Investment Portfolio (if any)	<input type="checkbox"/> Unit Trust / PRS Funds _____ years <input type="checkbox"/> Trading on Bursa Malaysia _____ years <input type="checkbox"/> PRS _____ years <input type="checkbox"/> Futures / Options _____ years <input type="checkbox"/> Property _____ years <input type="checkbox"/> Bonds _____ years <input type="checkbox"/> Others: _____
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Part 4: Investor's Investment Knowledge Assessment

1	What do you expect to benefit by investing in this Product? <input type="checkbox"/> Capital growth <input type="checkbox"/> Regular income <input type="checkbox"/> Capital protection
2	What is your purpose of investing? <input type="checkbox"/> Asset accumulation <input type="checkbox"/> Investing for regular income <input type="checkbox"/> Savings for children's education fund <input type="checkbox"/> Others: _____ <input type="checkbox"/> Savings for retirement
3	What is the reason(s) for considering this Product? <input type="checkbox"/> Meet my investment objective <input type="checkbox"/> Meet my overall investment strategy (e.g. diversification) <input type="checkbox"/> Compatible with my risk-return expectation

Part 5: Investor's Need Analysis / Risk Profiling

1.	What is your current age? () 51 & above () 35 to 50 () Below 35	[1] [3] [5]
2.	How will you classify yourself as an investor? () No experience () 1-3 years of experience () Very experience	[1] [3] [5]
3.	Do you have any understanding on this investment? () No understanding at all () Some understanding () Understand fully	[1] [3] [5]
4.	What is your investment objective? () To achieve income / returns slightly better than bank savings / fixed deposit () To achieve income & capital growth () To achieve capital growth	[1] [3] [5]
5.	What is the expected duration for this investment? () Less than 3 years () 3 to 5 years () More than 5 years	[1] [3] [5]
6.	Which of the following statements best describe you? () I cannot accept any losses () If my investment drops by 5%-10%, I will do dollar cost averaging or wait for it to appreciate () I am a long term investor and am not overly concerned about short-term market trend	[1] [3] [5]

Recommendation: **Total Points**

Total Score	6-13	14-22	23-30
Risk Profile	Conservative	Moderate	Aggressive
Category of Product that match the risk level	Money Market	Mixed Asset	Mixed Asset
	Bond	Balanced	Equity
	PRS Conservative	PRS Moderate	PRS Growth

Please comment if the recommended Product(s) does not match with the investor's risk profile.

Part 6: Acknowledgement

Please tick (✓) to acknowledge the appropriate statement(s) provided below.

1.	All information provided is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided by me will affect the outcome of the assessment.	
2.	I hereby acknowledge that I have received a copy of Product Highlights Sheet and the relevant Disclosure Document (e.g. Prospectus, Information Memorandum, etc.)	
3.	The consultant has explained and I have understood the terms, features and risks of the Product.	
4.	I decline to provide certain information required in this assessment form. I understand that the result of the assessment will be affected by the non-disclosure of certain information.	
5.	I have decided to purchase into another category of Product(s) that does not match with my risk profile and I understand the different risk involved of the Product(s).	
6.	I have previously done an assessment and there has been no material change in the information provided.	

Principal Holder's Signature

Name:
Date:

For Office Use only

Checked by Customer Services / PIC:	Review by Sales Leader:	Review by Compliance:
Name: Date:	Name: Date:	Name: Date: