



## **Change/ Update of Client Data**

Account Holder Name				
Portfolio Number / Trading Account No.				
Passport/ Civil ID No.				
Mobile no.				
Email Address				
Please fill the below details:				
Job Description Student Self	f-employed Retired	Unemployed	Employed	
Student	Retired	Onemployed	Employed	
Employer				
Job Title				
Income & Investment Yearly Income (US\$)  ☐ \$250,000-\$100,001  Net Worth (US\$)  ☐ More than \$500,001	\$250,000-\$100,00		Less than \$25,000 Less than \$50,000	
Income Source (More than one opt	ion may be selected)			
Inheritance In	vestment Social Security	Own Business	Pension	
(Surplus corporate)	Assets/ funds (cor	porate)	Job	
Additional information				
Are: No [	you or any of your first degree relatives hold	ding a political position?  Yes		
140	Customer's Classification:	1 cs		
Retail	Professional by	y nature Qu	ualified Professional	
Have you convicted with financial crimes of breach of trust, fiduciary, or violation from disciplinary committee at any regulatory authority unless you have been exonerated by court of law				
No			Yes	
If Yes please provide a copy of the verdict	or the disciplinary committee decision			





(FATCA)	
1-Identification of account holder as U.S. citizen or U.S. resident.	
2- U.S. place of birth (unambiguous).	
3-Residence or mailing address in the United States (including a U.S P.O. Box).	
4- U.S. telephone number	
5- Standing instructions to transfer funds to an account maintained in the United States.	
6- Power of attorney or signatory authority granted to a person with a U.S. address.	
7- An "in care of" address or "hold mail" address, if such address is the sole address on file for the account (whether such address is in the  United States or outside the United States).	
8- None of the above.  If you answer Yes for 1 please fill W-9 Form.  If you answer No for 1 please fill W-8 Ben Form if you are resident outside Malaysia or fill self-certification form if you are resident inside Malaysia.  If you answer No for 2-7 please fill W-8 Ben Form if you are resident outside Malaysia or fill self-certification form if you are resident inside Malaysia.	
(CRS) Individual	
Are you a permanent resident of any Reportable Jurisdiction (Attachment No)?	
Yes No If Yes, please provide the Taxpayer Identification Number (TIN):	
Do you have a current mailing or residence address in any Reportable Jurisdiction (Attachment No)?	
Yes No If Yes, please fill Address, P.O. Box & Postal Code in the Reportable Jurisdiction:	
Do you have one or more telephone number in any Reportable Jurisdiction  (Attachment No)?  Yes No	
If Yes, please provide the telephone number in the Reportable Jurisdiction:	
Have you given permanent standing instructions to transfer any amount to an account maintained in any Reportable Jurisdiction (Attachment No)?	
Yes No	
If Yes, please provide the Beneficiary Name:  Have you issued a valid power of attorney or authorization to a person who has an	
address in any Reportable Jurisdiction (Attachment No)?	
Yes No If Yes please fill the Name of the person:	
Do you have an "in-care-of" or "hold mail" address in any Reportable Jurisdiction (Attachment No. )?	
Yes No If Yes please fill the following:	
Address: City:	
Postal Code: P.O Box:	
(CRS)Corporate	
Is the company incorporated in a Reportable Jurisdiction (Attachment No)?  Yes No  If Yes please Specify the country's name:	
Does the company has an address in a Reportable Jurisdiction (Attachment No)?	
Yes No If Yes please fill Address, P.O Box, Postal Code & Telephone No. in the Reportable Jurisdiction:	
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Customer Signature	
Date	