



Please complete in BLOCK LETTERS and tick (✓) where applicable. Any alterations made must be countersigned.

1. PERSONAL PARTICULARS OF ACCOUNT HOLDER

Full Name <i>(as per NRIC/Passport)</i>		Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others, please specify: _____
Address			
Email		Tax Resident ^	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
Contact No.	Home: _____	Office: _____	H/P: _____
Date of Birth (dd/mm/yyyy)		Nationality ^	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
NRIC/Passport No.*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation ^	Code: _____ <input type="checkbox"/> Others, please specify: _____		
Nature of Business ^	Code: _____ <input type="checkbox"/> Others, please specify: _____		
Name of Company			
Company's Address			
Contact No.	Office: _____	Fax: _____	
Annual Income	<input type="checkbox"/> Up to RM300,000 <input type="checkbox"/> RM300,001-RM600,000 <input type="checkbox"/> RM600,001 – RM1,200,000 <input type="checkbox"/> RM1,200,001 – RM3,000,000 <input type="checkbox"/> Above RM3,000,000		
Estimated Net Worth	<input type="checkbox"/> Up to RM1,000,000 <input type="checkbox"/> RM1,000,001-RM5,000,000 <input type="checkbox"/> RM5,000,001 – RM30,000,000 <input type="checkbox"/> Above RM30,000,000		
Purpose of Investment #	<input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Education Funding <input type="checkbox"/> Retirement Funding <input type="checkbox"/> Saving <input type="checkbox"/> Dividend <input type="checkbox"/> Others: _____		
Source of Investment Funds #	<input type="checkbox"/> Salary/Commission <input type="checkbox"/> Investment Returns <input type="checkbox"/> Business Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Interest Income <input type="checkbox"/> Others: _____		
Source of Wealth #	<input type="checkbox"/> Savings <input type="checkbox"/> Pension Fund / EPF <input type="checkbox"/> Sale of Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Others: _____		

* To provide copy of NRIC/Passport (Cross out with the remark "For Avian Capital Use Only")

^ Kindly refer to list of codes available under Country, Occupation, Nature of Business Code and Description

May select more than 1

2. PARTICULARS OF JOINT ACCOUNT HOLDER (if applicable)

Name of Joint Account Holder <i>(as per NRIC/Passport)</i>		Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others, please specify: _____
Address <input type="checkbox"/> Please Tick if address is the same as primary holder's			
Email		Tax Resident	
Contact No.	Home: _____	Office: _____	H/P: _____
Date of Birth (dd/mm/yyyy)		Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
NRIC/Passport No.*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation ^	Code: _____ <input type="checkbox"/> Others, please specify: _____		
Nature of Business ^	Code: _____ <input type="checkbox"/> Others, please specify: _____		
Name of Company			

Company's Address	
Contact No.	Office: _____ Fax: _____
Annual Income	<input type="checkbox"/> Up to RM300,000 <input type="checkbox"/> RM300,001-RM600,000 <input type="checkbox"/> RM600,001 – RM1,200,000 <input type="checkbox"/> RM1,200,001 – RM3,000,000 <input type="checkbox"/> Above RM3,000,000
Estimated Net Worth	<input type="checkbox"/> Up to RM1,000,000 <input type="checkbox"/> RM1,000,001-RM5,000,000 <input type="checkbox"/> RM5,000,001 – RM30,000,000 <input type="checkbox"/> Above RM30,000,000
Purpose of Investment #	<input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Education Funding <input type="checkbox"/> Retirement Funding <input type="checkbox"/> Saving <input type="checkbox"/> Dividend <input type="checkbox"/> Others: _____
Source of Investment Funds #	<input type="checkbox"/> Salary/Commission <input type="checkbox"/> Investment Returns <input type="checkbox"/> Business Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Interest Income <input type="checkbox"/> Others: _____
Source of Wealth #	<input type="checkbox"/> Savings <input type="checkbox"/> Pension Fund / EPF <input type="checkbox"/> Sale of Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Others: _____
Relationship to the Principal Holder	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others: _____

* To provide copy of NRIC/Passport (Cross out with the remark "For Avian Capital Use Only")

^ Kindly refer to list of codes available under Occupation, Nature of Business Code and Description

May select more than 1

3. OPERATION OF ACCOUNT (for account with joint holder)

Joint Account	<input type="checkbox"/> Principal Holder to sign <input type="checkbox"/> Either one to sign <input type="checkbox"/> All to sign
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4. WHOLESALE FUND DECLARATION

I/We wish to invest into Wholesale Fund(s). I/We hereby declared and confirmed that I am/we are Sophisticated Investor(s)* as defined in the Guidelines on Unlisted Capital Market Products Under the Lodge and Launch Framework and the Guidelines on Categories of Sophisticated Investors ("Guidelines") issued by the Securities Commission Malaysia ("SC"), and any person who comes within any of the categories of investors set out in Part 1, Schedule 6 and 7 of the Capital Markets and Services Act 2007 (Please refer to the Wholesale Fund's Information Memorandum definition of Sophisticated investor).

I/We hereby acknowledge and agree to indemnify Avian Capital Sdn. Bhd. against all actions, suits, proceedings, claims, damages, and losses which may be suffered by Avian Capital as a result of any inaccuracy of the declarations made herein.

I/We hereby solemnly affirm and declare that all the above are true.

<input type="checkbox"/> High-Net Worth individual <input type="checkbox"/> Accredited Investors
Signature

Name: _____

Date: _____

<input type="checkbox"/> High-Net Worth individual <input type="checkbox"/> Accredited Investors
Signature (Joint Holder)

Name: _____

Date: _____

5. FOREIGN CURRENCY FUND DECLARATION

☐ I/We wish to invest into foreign currency denominated Fund(s). I/We have read and fully understood and shall comply with the requirements of the rules of the Foreign Exchange Policy of the Bank Negara Malaysia ("BNM"), including but not limited to, the rules in relation to Domestic Ringgit Borrowing*, and/or other requirements of the BNM or any other relevant authorities from time to time.

*Domestic Ringgit Borrowing is defined under the Notice 3: Any borrowing in ringgit obtained by a resident from another resident excluding one (1) housing loan and one (1) vehicle loan.

6. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Are/ Were you/and your joint account holder (i) entrusted with any prominent public function such as head of state or government, senior politicians, senior government officials, judicial or military officials, senior executive of state owned corporations and important political party officials in Malaysia or any other country; (ii) entrusted with a prominent function by an international organisation which refers to members of senior management e.g. directors, deputy directors and members of the board or equivalent function ("PEP") or (iii) having any business relationship with a PEP or a PEP's family member/ close associate?

<input type="checkbox"/> Yes	Name:	Relationship:
	Country of PEP:	Position Held:
<input type="checkbox"/> No		

7. BANK REFERENCES OF ACCOUNT HOLDER

Bank Name	
Account No.	

Notes:

1. Payment to third parties is NOT allowed.
2. Bank charges may be applicable for payment of redemption proceeds, and it shall be borne by unit holder.

8. INITIAL INVESTMENT(S)

Fund Name	Distribution Method	Investment Amount (RM)		
		Gross Amount:	Bank Charge:	Total Net Amount:
<input type="checkbox"/> Avian Growth Fund	Reinvest (By default)			
<input type="checkbox"/> Avian Dividend Fund	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout			

Payable to AVIAN CAPITAL SDN. BHD.	
Payment Method	<input type="checkbox"/> Cashier's Order/ Bank Draft <input type="checkbox"/> Domestic Transfer <input type="checkbox"/> Telegraphic Transfer
Bank Name	Malayan Banking Berhad
Account No.	514123700587

Notes:

1. Third party account deposit is strictly prohibited.
2. Cash transactions are not accepted.
3. All payments made via bank transfer must be made payable to "Avian Capital Sdn. Bhd." and payor's full name as per NRIC/Passport/ID should be stated in the recipients' reference/description of transaction field.
4. Please provide payment proof for our verification purposes.

9. DECLARATION

1. I/We have received and read, and fully understood the terms and conditions in this Account Opening Form and the accompanying by the relevant Product Highlight Sheet(s), Information Memorandum(s) and its Supplemental Information Memorandum(s) (if any) of the respective wholesale funds.
2. I/We further acknowledged that I/We are aware of the fees and charges and agree of the fees and charges directly or indirectly incurred when investing in this fund.
3. I am/We are not acting as a nominee for any undisclosed third party and I/We declare that I am/we are neither engaged in any unlawful activity nor are my/our investment monies invested with the Manager derived from any illegal source or related to any illegal activity as defined by the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 ("AMLATFPUAA").
4. I/We confirm that the payment is remitted from my/our own account.
5. I/We will promptly inform Avian Capital of any changes to the information provided in this form.
6. I/We hereby agree to Avian disclosing information herein to the regulators regarding your account, as may be required, whether pursuant to law or otherwise. Avian shall not be liable whether directly or indirectly to me/us/the entity or any other persons for such disclosure.

Signature

Name:

Date:

Signature (Joint Holder)

Name:

Date:

GENERAL DOCUMENT(S) REQUIRED

<input type="checkbox"/>	Duly completed and signed Account Opening Form
<input type="checkbox"/>	Original sighted*/certified true copy of Principal Applicant's NRIC/Passport
<input type="checkbox"/>	Original sighted*/certified true copy of Joint Applicant's NRIC/Passport/ Birth Certificate (if applicable)
<input type="checkbox"/>	Duly completed and signed Suitability Assessment Form
<input type="checkbox"/>	Payment Proof

FOR OFFICE USE ONLY

	Staff Name	Signature	Date	Consultant (Distributor / Referral)	Remarks
Received by					
Processed and Verified by					
Approved by					

COUNTRY CODE AND DESCRIPTION					
AD	Andorra	CG	Republic of the Congo	GG	Guernsey
AE	United Arab Emirates	CH	Switzerland	GH	Ghana
AF	Afghanistan	CI	Ivory Coast	GI	Gibraltar
AG	Antigua and Barbuda	CK	Cook Islands	GL	Greenland
AI	Anguilla	CL	Chile	GM	Gambia
AL	Albania	CM	Cameroon	GN	Guinea
AM	Armenia	CN	China	GQ	Equatorial Guinea
AN	Netherlands Antilles	CO	Colombia	GR	Greece
AO	Angola	CR	Costa Rica	GT	Guatemala
AQ	Antarctica	CRN	Crimea Region	GU	Guam
AR	Argentina	CU	Cuba	GW	Guinea-Bissau
AS	American Samoa	CV	Cape Verde	GY	Guyana
AT	Austria	CW	Curacao	HK	Hong Kong
AU	Australia	CX	Christmas Island	HN	Honduras
AW	Aruba	CY	Cyprus	HR	Croatia
AZ	Azerbaijan	CZ	Czech Republic	HT	Haiti
BA	Bosnia and Herzegovina	DE	Germany	HU	Hungary
BB	Barbados	DJ	Djibouti	ID	Indonesia
BD	Bangladesh	DK	Denmark	IE	Ireland
BE	Belgium	DM	Dominica	IL	Israel
BF	Burkina Faso	DO	Dominican Republic	IM	Isle of Man
BG	Bulgaria	DZ	Algeria	IN	India
BH	Bahrain	EC	Ecuador	IO	British Indian Ocean Territory
BI	Burundi	EE	Estonia	IQ	Iraq
BJ	Benin	EG	Egypt	IR	Iran
BL	Saint Barthelemy	EH	Western Sahara	IS	Iceland
BM	Bermuda	ER	Eritrea	IT	Italy
BN	BRUNEI DARUSSALAM	ES	Spain	JE	Jersey
BO	Bolivia	ET	Ethiopia	JM	Jamaica
BR	Brazil	FI	Finland	JO	Jordan
BS	Bahamas	FJ	Fiji	JP	Japan
BT	Bhutan	FK	Falkland Islands	KE	Kenya
BW	Botswana	FM	Micronesia	KG	Kyrgyzstan
BY	Belarus	FO	Faroe Islands	KH	Cambodia
BZ	Belize	FR	France	KI	Kiribati
CA	Canada	GA	Gabon	KM	Comoros
CC	Cocos Islands	GB	United kingdom	KN	Saint Kitts and Nevis
CD	Democratic Republic of the Congo	GD	Grenada	KP	North Korea
CF	Central African Republic	GE	Georgia	KR	Republic of Korea

KW	Kuwait	NI	Nicaragua	SM	San Marino
KY	Cayman Islands	NL	Netherlands	SN	Senegal
KZ	Kazakhstan	NO	Norway	SO	Somalia
LA	Laos	NP	Nepal	SR	Suriname
LB	Lebanon	NR	Nauru	SS	South Sudan
LC	Saint Lucia	NU	Niue	ST	Sao Tome and Principe
LI	Liechtenstein	NZ	New Zealand	SV	El Salvador
LK	Sri Lanka	OM	Oman	SX	Sint Maarten
LR	Liberia	OT	OTHERS	SY	Syria
LS	Lesotho	PA	Panama	SZ	Swaziland
LT	Lithuania	PE	Peru	TC	Turks and Caicos Islands
LU	Luxembourg	PF	French Polynesia	TD	Chad
LV	Latvia	PG	Papua New Guinea	TG	Togo
LY	Libya	PH	Philippines	TH	Thailand
MA	Morocco	PK	Pakistan	TJ	Tajikistan
MC	Monaco	PL	Poland	TK	Tokelau
MD	Moldova	PM	Saint Pierre and Miquelon	TL	East Timor
ME	Montenegro	PN	Pitcairn	TM	Turkmenistan
MF	Saint Martin	PR	Puerto Rico	TN	Tunisia
MG	Madagascar	PS	Palestine	TO	Tonga
MH	Marshall Islands	PT	Portugal	TR	Turkey
MK	Macedonia	PW	Palau	TT	Trinidad and Tobago
ML	Mali	PY	Paraguay	TV	Tuvalu
MM	Myanmar	QA	Qatar	TW	TAIWAN, PROVINCE OF CHINA
MN	Mongolia	RE	Reunion	TZ	Tanzania
MO	Macao	RO	Romania	UA	Ukraine
MP	Northern Mariana Islands	RS	Serbia	UG	Uganda
MR	Mauritania	RU	Russia	US	United States
MS	Montserrat	RW	Rwanda	UY	Uruguay
MT	Malta	SA	Saudi Arabia	UZ	Uzbekistan
MU	Mauritius	SB	Solomon Islands	VA	Vatican
MV	Maldives	SC	Seychelles	VC	Saint Vincent and the Grenadines
MW	Malawi	SD	Sudan	VE	Venezuela
MX	Mexico	SE	Sweden	VG	British Virgin Islands
MY	MALAYSIA	SG	Singapore	VI	U.S. Virgin Islands
MZ	Mozambique	SH	Saint Helena	VN	VIET NAM
NA	Namibia	SI	Slovenia	VU	Vanuatu
NC	New Caledonia	SJ	Svalbard and Jan Mayen	WF	Wallis and Futuna
NE	Niger	SK	Slovakia	WS	Samoa
NG	Nigeria	SL	Sierra Leone	XK	Kosovo

YE	Yemen	ZA	South Africa	ZW	Zimbabwe
YT	Mayotte	ZM	Zambia		
OCCUPATION CODE AND DESCRIPTION					
01	HOUSEWIFE, HOMEMAKER				
02	STUDENT				
03	RETIREE				
04	CLERICAL / ADMIN ASSISTANT / ACCOUNT ASSISTANT				
05	EXECUTIVE				
06	PROFESSION				
07	MANAGEMENT				
08	GOVERNMENT SERVANT				
09	SELF EMPLOYED / BUSINESS SERVANT				
00	OTHERS				
NATURE OF BUSINESS CODE AND DESCRIPTION					
01	AGRICULTURE / FORESTRY				
02	MINING / QUARRYING				
03	CONSTRUCTION				
04	INSURANCE				
05	AUDIT, ACCOUNTING, TAX, LEGAL FIRM, COMPANY SECRETARY				
06	FINANCIAL INSTITUTIONS, CAPITAL MARKET, INSTITUTION / INTERMEDIARY				
07	PROPERTY MANAGEMENT / REAL ESTATE				
08	EDUCATION				
09	HEALTH SERVICES				
10	SERVICE INDUSTRY				
11	FEDERAL OR STATE GOVERNMENT, REGULATORY AUTHORITY				
12	MONEY SERVICES / CASH INCENTIVE BUSINESS				
13	CASINO, BETTING AND OTHER GAMBLING RELATED ACTIVITIES				
14	BUSINESS IN VALUABLES OR PRECIOUS GOODS				
15	MANUFACTURERS, DEALERS, INTERMEDIARIES OF ARMAMENT OR WEAPONS RELATED BUSINESS				
16	NGO				
17	MEDIA & TELECOMMUNICATION				
18	FOOD AND BEVERAGES				
19	ENGINEERING				
20	MANUFACTURING				
21	HOTEL / TRAVEL SERVICES				
22	ENTERTAINMENT OUTLETS				
00	OTHERS				