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PARTICULAR UPDATE FORM

In accordance with the requirements of the Capital Markets and Services Act 2007, this form should not be circulated unless accompanied with the relevant Product Highlight Sheet and Information Memorandum (collectively known as "Offering Document").

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

1. INVESTOR DETAILS

Master Account No.	
Account Name *(as per NRIC/ Passport/ Registration Certificate)*	

2. CHANGE OF CONTACT DETAILS

Current registered (old) contact details

Full Name *(as per NRIC/ Passport/ Registration Certificate)*		**Salutation**	☐Mr ☐Mrs ☐Ms ☐Others, please specify: _____
NRIC/Passport No./ Company Registration No.			
Address			
Email			
Contact No.	Home:	Office:	H/P:

New contact details

Full Name *(as per NRIC/ Passport/ Registration Certificate)*		**Salutation**	☐Mr ☐Mrs ☐Ms ☐Others, please specify: _____
NRIC/Passport No./ Company Registration No.			
Address			
Email			
Contact No.	Home:	Office:	H/P:

3. DECLARATION

By signing this form, I/We:

1. have full authority to make this change.
2. understand and agree that any personal information collected or held by the Manager (whether contained in this application or otherwise obtained) may be held, used, and disclosed by the Company to individuals.
3. understand that the organisations related to and associated with the Manager or any selected third party (within or outside of Malaysia, including industry associations or federations) for the purpose of processing this application and providing subsequent service for this product.
4. understand that I / We have a right to obtain access to and to request correction of any personal information held by the Manager concerning me / us.

Authorised Signatory	Authorised Signatory/Joint Holder
Name:	Name:
Date:	Date:

FOR OFFICE USE ONLY

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