

APPLICATION FORM FOR INDIVIDUAL APPLICANT

GENERAL INFORMATION

- Please read the Account Opening Terms & Conditions before completing this application form.
- First time investors must complete the Account Opening Form
- Kindly complete the form in ENGLISH (using CAPITAL LETTERS) and in BLACK or BLUE INK. Tick ☒ whenever appropriate.
- Please note that UOB Kay Hian does not accept applications from applicants with U.S. citizenship / U.S. Permanent Resident Status / Born in U.S. / U.S. Taxpayer Identification Number ("TIN") / U.S. Residential / Mailing Address and/or U.S. Telephone Number.

DOCUMENTS CHECKLIST

- ☐ A photocopy of NRIC or Passport
- ☐ Form W-8 Ben
- ☐ Margin / Custodian / Investment Management Agreement (if applicable)
- ☐ Form B / EA Form / Payslip / Bank Statement (Applicable only to Securities and Derivatives Accounts)
- ☐ Certified copy(s) of your bank statement / front page of your pass book / details of your bank account obtained from your bank's website / copy of the letter from your bank confirming your bank account (Applicable only to Securities and Derivatives Accounts)
- ☐ Suitability Assessment (Applicable only to Investment Account)
- ☐ Investment Management Agreement X2, Authorisation to Transact and Third-Party Authorisation (Applicable only to Wealth Fund management)
- ☐ Other: _____

CDS Account No¹ (Applicable only to Securities Account):

¹ If you do not have an existing CDS Account with UOBKH, please fill in Form FMN010 (Application for opening of CDS Account) and submit together with this form.

1 TYPES OF INVESTMENT (TICK ✓ WHERE APPLICABLE)

- ☐ SECURITIES ACCOUNT
 - ☐ Normal Trading
 - ☐ Day Trade
 - ☐ Cash Upfront
 - ☐ L&I ETF^{3 or 4}
 - ☐ Collateralised Account
 - ☐ Shariah Trading Account
 - ☐ Leap Market³
 - ☐ Others, please specify: _____
 - ☐ Intraday Short Selling (IDSS)²
 - ☐ Extended Contra Account (ECA)
 - ☐ Custodian
 - ☐ Discretionary Finance
 - ☐ Margin Account
 - ☐ External Margin

² Client needs to sign Securities Borrowing and Lending Agreement

³ By choosing this product, I declare that I have fulfilled one of qualifying criteria as prescribed in T&C.

⁴ By choosing this product, I declare that I am the Sophisticated Investors and qualified as the Eligible Investors as prescribed in T&C. If I fall under another category as provided in schedule 6 & 7 of CMSA 2007, I shall separately inform UOB Kay Hian (M) Sdn. Bhd (UOBKH)

MULTIMARKET INTERNET TRADING

- UTrade Facility ☐ Yes
- Foreign Live Feed⁵ ☐ Singapore (SGX) ☐ Hong Kong (HKEX) ☐ US (Nasdaq⁶, NYSE⁶ & AMEX)
- Settlement Currency ☐ Traded Currency ☐ Note: If Client do not select Traded Currency Settlement, the default settlement currency is in MYR

⁵ Please take note that there will be charges for Live Price Feed

⁶ Client who request for Live Price Feed for NYSE and Nasdaq must execute the Subscriber Agreement

DERIVATIVES ACCOUNT

- ☐ Shariah Account
- ☐ Conventional Account

INVESTMENT ACCOUNT

Type of Account:

- ☐ Individual
- ☐ Joint (Please complete #Relationship table)

Wealth Management: ^{7,8,9,10}	<input type="checkbox"/> Wrap Account, Wrap Fee: _____
	<input type="checkbox"/> Non-Wrap Account <ul style="list-style-type: none"> <input type="checkbox"/> Bond Account^{7,8,12} <input type="checkbox"/> Structured Investment
	<input type="checkbox"/> Discretionary: _____
Investment Management: ^{7,9,10,11,12,13}	<input type="checkbox"/> Non-Discretionary: _____
	<input type="checkbox"/> Wholesale fund

# RELATIONSHIP TO PRINCIPAL AND SIGNING INSTRUCTION TO OPERATE JOINT ACCOUNT																																																																																																			
Joint Applicant Relationship																									<input type="checkbox"/> Spouse					<input type="checkbox"/> Sibling					<input type="checkbox"/> Parents					<input type="checkbox"/> Child					<input type="checkbox"/> Others: _____																																																						
Signing Instruction																									<input type="checkbox"/> Either One to Sign																									<input type="checkbox"/> Both to Sign																									<input type="checkbox"/> ONLY Principal to Sign																								

Notes to Refer:

7. Please complete Joint account Relationship for joint application form.
8. For application of Bond Investment, Structured Investment and Investment Management (Non-Discretionary) the joint Investor shall be 18 years old and above.
9. Applicants who opt for Bond Investment, Structured Investment and Investment Management (Non-Discretionary) must be a Sophisticated Investors as prescribed in Investor Suitability Assessment Form ("SAF")
10. Investor needs to complete Investor Suitability Assessment Form ("SAF") / Risk Profile Form.
11. Investment Management services are offered by UOB KAY HIAN WEALTH ADVISORS SDN BHD.
12. Applicant who opts for this type of Investment Management (Discretionary & Non-Discretionary) are obligated to carefully read and sign the Investment Management Agreement.
13. For Wholesale Fund Investment, Applicant(s) hereby solemnly confirmed and declared that he/she/they had read, fully understood and agreed to be bound by all covenants and undertakings and accepted all the contents of the Offering Document before completing this form.
In accordance with the Capital Markets and Services Act 2007, the form should not be circulated unless accompanied by the relevant Information Memorandum including any Supplemental / Replacement Information Memorandum and / or Product Highlights Sheet (collectively known as "Offering Document").

Applicants acknowledge and agree that two type of fees, i.e., Portfolio Management Fee and Wholesale Fund Management Fee will be applied for subscription of Wholesale Fund via discretionary mandate.

2. APPLICANT PARTICULARS																																																																																																			
Name of Applicant (as per NRIC / Passport)																																																																																																			
Title										<input type="checkbox"/>										Gender										<input type="checkbox"/> Male										<input type="checkbox"/> Female										Race:										<input type="text"/>										Date of Birth (dd/mm/yyyy)										<input type="text"/>																			
Country of Birth										<input type="checkbox"/> Malaysia										<input type="checkbox"/> Others (please specify _____)																																																																															
Nationality										<input type="checkbox"/> Malaysian										<input type="checkbox"/> Others (please specify _____)																																																																															
New NRIC										<input type="text"/>										- <input type="text"/>										- <input type="text"/>										Old NRIC/Authority Card/Passport										<input type="text"/>																																																	
Correspondence Address as per Registered Address in NRIC (Please tick <input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																																			
Correspondence Address if different from Registered Address																																																																																																			
Postcode																																																																																																			
Is the Above Residence										<input type="checkbox"/> Owned										<input type="checkbox"/> Relatives										<input type="checkbox"/> Rented										<input type="checkbox"/> Others										_____																																																	
Telephone No. (Home)										<input type="text"/>										Country of Phone										<input type="checkbox"/> Malaysia										<input type="checkbox"/> Others										_____																																																	
Mobile No										<input type="text"/>										Country of Phone:										<input type="checkbox"/> Malaysia										<input type="checkbox"/> Others										_____																																																	
E-mail Address										_____										Mother's Maiden Name										_____																																																																					
Marital Status										<input type="checkbox"/> Single										<input type="checkbox"/> Married										<input type="checkbox"/> Widowed										<input type="checkbox"/> Divorced										No. of Dependent(s).										_____																																							
If married, please complete the spouse's details																																																																																																			
Spouse Name										<input type="text"/>										<input type="text"/>										<input type="text"/>										<input type="text"/>										<input type="text"/>										<input type="text"/>																																							
New NRIC										<input type="text"/>										- <input type="text"/>										- <input type="text"/>										Old NRIC/Authority Card/Passport										<input type="text"/>																																																	

3. FINANCIAL BACKGROUND																																																																																																			
EMPLOYMENT PARTICULARS (For Client without any fixed income, please provide your income provider's details or your source of income)																																																																																																			
Employment										<input type="checkbox"/> Employed										<input type="checkbox"/> Self-employed										<input type="checkbox"/> Housewife										<input type="checkbox"/> Retiree										<input type="checkbox"/> Student										<input type="checkbox"/> Others																																							
Name of Income Provider										<input type="text"/>										<input type="text"/>										<input type="text"/>										<input type="text"/>										<input type="text"/>										<input type="text"/>																																							
New NRIC										<input type="text"/>										- <input type="text"/>										- <input type="text"/>										Old NRIC / Passport										<input type="text"/>																																																	
Relationship with Income Provider										<input type="checkbox"/> Family										<input type="checkbox"/> Members										<input type="checkbox"/> Others, please specify: _____																																																																					
Name of Business / Employer																																																																																																			

Securities Account	<input type="checkbox"/> Investment	<input type="checkbox"/> Speculation	<input type="checkbox"/> Mixed		
Derivatives Account	<input type="checkbox"/> Investment	<input type="checkbox"/> Speculation	<input type="checkbox"/> Hedging	<input type="checkbox"/> Arbitraging	
Investment Account	<input type="checkbox"/> Income	<input type="checkbox"/> Income & Growth	<input type="checkbox"/> Growth	<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Others,

a. Do you fall under vulnerable category¹⁵ ? ☐ Yes ☐ No
¹⁵ A person who has physical disabilities / financially constraint / senior citizen who is non-tech savvy etc

b. Are you an employee, Dealer's Representative / Futures Broker Representative / Wealth Advisor of UOB Kay Hian (M) Sdn Bhd ("UOBKH") / UOB Kay Hian Wealth Advisors Sdn Bhd (UOBKH WA)? ☐ Yes ☐ No

c. Are you related¹⁶ to any staff or Director or Dealer's Representative / Futures Broker Representative / Wealth Advisor of UOB Kay Hian (M) Sdn Bhd ("UOBKH") / UOB Kay Hian Wealth Advisors Sdn Bhd (UOBKH WA)? ☐ Yes, name and relationship _____
☐ No

¹⁶related persons means spouse, children, parents, or any accounts where any of the said person(s) has interest and companies in which the staffs, Directors or Dealers' Representative have at least 15% interest

d. Have you ever opened an account with UOBKH? ☐ Yes _____
 (please state account number and reason for closing of account)
☐ No

e. Do you have existing Securities and/or Derivatives and/or Investment Account with UOBKH? ☐ Yes, Account No _____
☐ No

f. Are you a guarantor for any Accounts held in UOBKH? ☐ Yes, Account No _____
☐ No

g. Details of related persons with Accounts maintained with UOBKH ☐ None
 i) Name:
 ii) Relationship:
 iii) Account No:

h. Would you consent and authorise UOBKH to process any information that you have provided to UOBKH for the purposes of cross selling, marketing and promotions? ☐ Yes ☐ No

By choosing yes, you expressly consent and authorise UOBKH to process any information that you have provided to UOBKH for the purposes of cross selling, marketing and promotions including administering offers and competitions, disclosure of information to UOBKH Group, its agent, and/or such persons in accordance with Personal Data Protection Act as UOBKH may deem fit.

i. Would you like to appoint and empower your Dealer's Representative (DR) / Futures Broker Representative (FBR) (inclusive of Associated DRs/FBRs and Trading Clerk of DRs/FBRs) / Wealth Advisor (WA) to manage administrative functions in relation to your account(s)? ☐ Yes ☐ No

Please be aware of the action of choosing a representative would give rise to risks and legal consequences of which you must be prepared to accept. You SHOULD NOT TICK "YES" if you have not been informed of or do not fully understand the consequences. You are advised to obtain competent legal advice on your rights and obligations and clarify any doubts you may have before naming your representative(s).

[illegible]

Telephone No. (Home)	<input type="text"/>	Country of Phone	<input type="checkbox"/> Malaysia <input type="checkbox"/> Others		
Mobile No.	<input type="text"/>	Country of Phone	<input type="checkbox"/> Malaysia <input type="checkbox"/> Others		
E-mail Address	<input type="text"/>				
	Mother's Maiden Name <input type="text"/>				
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	No. Of dependent(s). <input type="text"/>

Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Housew	<input type="checkbox"/> Retiree	<input type="checkbox"/> Student	<input type="checkbox"/> Others
Name of Income Provider	<input type="text"/>					
Nature of Business	<input type="text"/>					
Designation	<input type="text"/>	Year(s) of Employment /	<input type="text"/>			
Annual Income Range of Applicant/Income Provider (Combination of all Source of Income)						
<input type="checkbox"/> Below ~ RM25,000	<input type="checkbox"/> RM25,001 ~ RM50,000	<input type="checkbox"/> RM50,001 ~ RM100,000	<input type="checkbox"/> RM100,001 ~ RM200,000			
<input type="checkbox"/> RM200,001 ~ RM300,000	<input type="checkbox"/> RM300,001 ~ RM400,000	<input type="checkbox"/> RM400,001 ~ RM500,000	<input type="checkbox"/> Above ~ RM500,000			
Investment Objective	<input type="checkbox"/> Income	<input type="checkbox"/> Income & Growth	<input type="checkbox"/> Growth	<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Others, <input type="text"/>	
Estimated Net-Worth	<input type="checkbox"/> Up to RM 100,000	<input type="checkbox"/> RM100,001 – RM500,000	<input type="checkbox"/> RM500,001 – RM3,000,000	<input type="checkbox"/> Above RM3,000,000		
Source of Funds	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	<input type="checkbox"/> Investment	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Savings	<input type="checkbox"/> Pension/EPF <input type="checkbox"/> Others, <input type="text"/>
Source of Wealth	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	<input type="checkbox"/> Investment	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Savings	<input type="checkbox"/> Pension/EPF <input type="checkbox"/> Others, <input type="text"/>
Education Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> STPM/Diploma/Pre-U	<input type="checkbox"/> Degree	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others, <input type="text"/>
*EPF Acc. No: <input type="text"/> EPF Simpanan Shariah <input type="checkbox"/> Yes <input type="checkbox"/> No *Private Pension Account (PPA) No. <input type="text"/>						
<i>*Applicable only to investment account</i>						
Do you have commitments with any financial institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Overdraft	<input type="checkbox"/> Property Loan	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Share Margin Financing	<input type="checkbox"/> Others, <input type="text"/>		
Total commitments (RM) <input type="text"/>						

7A ADDITIONAL INFORMATION OF JOINT INDIVIDUAL APPLICANT

a. Do you fall under vulnerable category ¹⁷ ? <small>¹⁷ A person who has physical disabilities / financially constraint / senior citizen who is non-tech savvy etc</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are you an employee, Dealer's Representative / Futures Broker Representative / Wealth Advisor of UOB Kay Hian (M) Sdn Bhd ("UOBKH")/UOB Kay Hian Wealth Advisors Sdn Bhd (UOBKH WA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you related ¹⁸ to any staff or Director or Dealer's Representative / Futures Broker Representative / Wealth Advisor of UOB Kay Hian (M) Sdn Bhd ("UOBKH")/UOB Kay Hian Wealth Advisors Sdn Bhd (UOBKH WA)? <small>¹⁸ related persons means spouse, children, parents, or any accounts where any of the said person(s) has interest and companies in which the staffs, Directors or Dealers' Representative have at least 15% interest</small>	<input type="checkbox"/> Yes, name and relationship <input type="text"/> <input type="checkbox"/> No
d. Have you ever opened an account with UOBKH?	<input type="checkbox"/> Yes <input type="text"/> <small>(please state account number and reason for closing of account)</small> <input type="checkbox"/> No
e. Do you have existing Securities and/or Derivatives and/or Investment Account with UOBKH?	<input type="checkbox"/> Yes, Account No <input type="text"/> <input type="checkbox"/> No
f. Are you a guarantor for any Accounts held in UOBKH?	<input type="checkbox"/> Yes, Account No <input type="text"/> <input type="checkbox"/> No
g. Details of related persons with Accounts maintained with UOBKH	iv) Name: <input type="text"/> v) Relationship: <input type="text"/> vi) Account No: <input type="text"/> <input type="checkbox"/> None
h. Would you consent and authorise UOBKH to process any information that you have provided to UOBKH for the purpose of cross selling, marketing and promotion <small>By choosing yes, you expressly consent and authorise UOBKH to process any information that you have provided to UOBKH for the purposes of cross selling, marketing and promotions including administering offers and competitions, disclosure of information to UOBKH Group, its agent, and/or such persons in accordance with Personal Data Protection Act as UOBKH may deem fit.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> NO

i. Would you like to appoint and empower your Dealer's Representative (DR) / Futures Broker Representative (FBR) (inclusive of Associated DRs/FBRs and Trading Clerk of DRs/FBRs) / Wealth Advisor (WA) to manage administrative functions in relation to your account(s)? ☐ Yes ☐ No

Please be aware that choosing a representative may give rise to risks and legal consequences, which you must be prepared to accept. You SHOULD NOT TICK "YES" if you have not been informed of or do not fully understand these consequences. You are advised to seek competent legal advice regarding your rights and obligations, and to clarify any doubts you may have before naming your representative(s)

8. DECLARATIONS OF RESIDENCE AND DOMESTIC CREDIT FACILITY

	Individual Applicant	Joint Applicant (Applicable only to Investment Account)
Are you a Malaysian Resident (For Exchange Control) <i>For declaration as Malaysia resident I solemnly declare that I shall consent to abide with and be bound by the provision of the Exchange Control Act 1953 and Bank Negara Foreign Exchange Administrative Policy and any amendments from time to time with regards to any transaction or payments to or from my relevant trading account(s). Refer to T&C for further details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Domestic Ringgit Borrowing as defined under BNM FEP rules? <i>(For further details, refer https://www.bnm.gov.my/fep for DRM definition under BNM FEP rules)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. FATCA IDENTITY DECLARATION

	Individual Applicant	Joint Applicant (Applicable only to Investment Account)
1. Born in the United States (U.S)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. U.S citizen/tax residency (e.g. US passport/Green Card holder/U.S. taxpayer etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. U.S Taxpayer Identification Number (TIN)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. U.S registered and/or mailing address	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. U.S contact number (e.g. home, work, mobile, fax numbers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Standing instructions to pay amounts from UOB Kay Hian account to an account maintained in the U.S	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Power of Attorney of Signatory granted to a person in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. CRS DECLARATION OF TAX RESIDENCY

This section allows you to declare your tax residence under the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS).

Are you a tax resident of Malaysia and/or any other jurisdiction(s) outside of Malaysia?	Main Applicant	Joint Applicant
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
Country	Taxpayer Identification Number ("TIN")	
1.		
2.		
3.		
4.		
5.		

If a TIN is unavailable, please tick (✓) the appropriate reason.

- ☐ Reason A ☐ Reason B
☐ Reason C (i) ☐ Reason C (ii)
☐ Reason C (iii) ☐ Reason C (iv)
☐ Others: please specify: _____

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Reason C - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN if you have selected this reason:

- i. No tax obligation, thereafter country does not issue TIN;
 ii. Retiree – country does not issue TIN;
 iii. Recently, became tax resident/citizen, therefore, no TIN issued yet;
 iv. Exempted from tax, therefore country does not issue TIN; OR

Others (please specify):

11. DECLARATIONS AND ACKNOWLEDGEMENT☐ Securities / Derivatives Account

I hereby declare and warrant that the information given in this application submitted to you is complete, true and accurate and that I have not wilfully withheld any material fact / information and I have read and understood all covenants, undertakings, terms and conditions as shown in UOB Kay Hian (M) Sdn. Bhd. ("UOBKH") home page (www.utrade.com.my) and I am aware that they may be updated from time to time at UOBKH discretion without further notice to me to govern my trading account and it shall be my own sole responsibility to keep myself aware of all such updates and changes and I agree to be bound by them entirely. I hereby confirm that I have read each and every DECLARATION, the RISK DISCLOSURE STATEMENTS, the TERMS AND CONDITIONS as well as the COVENANTS and UNDERTAKING contained therein and understand its contents and its implications which have been duly explained to me in detail by UOBKH.

☐ Investment Account

I/We hereby declare and warrant that the information given in this application submitted to you is complete, true and accurate and that I/we have not wilfully withheld any material fact / information and I/we have read and understood all covenants, undertakings, terms and conditions as shown in UOB Kay Hian (M) Sdn. Bhd. ("UOBKH") home page (www.utrade.com.my) and/or UOB Kay Hian Wealth Advisors Sdn Bhd ("UOBKHW") home page (www.uwealth.com.my) and I/we am/are aware that they may be updated from time to time at UOBKH and/or UOBKHW's discretion without further notice to me/us to govern my/our investment account and it shall be my/our own sole responsibility to keep myself/ourselves aware of all such updates and changes and I/we agree to be bound by them entirely. I /We hereby confirm that I/we have read each and every DECLARATION, the RISK DISCLOSURE STATEMENTS, the TERMS AND CONDITIONS as well as the COVENANTS and UNDERTAKING contained therein and understand its contents and its implications which have been duly explained to me/us in detail by UOBKH and/or UOBKHW. I/We am/are aware that UOBKH and/or UOBKHW uses a nominee system. I/We have read and accepted the privacy policy and agree with the processing of my/our personal data. I/We hereby instruct and authorise you to carry out my/our instructions as indicated on this form. I/We agree that you may transfer and disclose any information relating to me/us and my/our account, which is necessary for carrying out these services and/or for compliance, to relevant entities involved in unlisted capital market / insurance, Securities Commission and Bank Negara Malaysia. I/We agree and acknowledge that the value of the Investment(s) may be subjected to various risks including but not limited to market risk and by instructing you in respect of any investments on my/our behalf, I/we shall not hold UOBKH and/or UOBKHW responsible for any losses that I/we may suffer from performance of the investment. I/We declare that I/we am/are not undischarged bankrupt(s), have not committed any act of bankruptcy within the past 12 months and no bankruptcy order has been made against me/us or is/are pending against me/us during this period. I/We declare that I/we am/are not a U.S. Person and in the event of a change in my/our status where I/we become a U.S. Person, I/we shall notify UOBKH and/or UOBKHW of the change. If any information is found false or misleading, UOBKH and/or UOBKHW may reject any of my/our application and/or instructions including but not limited to, any transactional-related activities. Unless otherwise disclosed in writing, I/We hereby declare and warrant that I/We am/are the ultimate beneficial owner of this account and that no person other than myself/ourselves have or will have any interest in, influence or control over this account whatsoever.

Signed By:

Signature of Applicant

Name:

NRIC No:

Date:

*Signature of Joint Applicant**(Applicable only to Wealth account)*

Name:

NRIC No:

Date:

Signature of Witness

Name:

NRIC No:

Date:

12. TO BE COMPLETED BY DEALER'S REPRESENTATIVES/ LICENSED WEALTH ADVISOR / LICENSED FUND MANAGER

I) KNOW YOUR CLIENT POLICY	Individual Applicant	Joint Applicant <i>(Applicable only to Wealth Account)</i>
1. Have you met the Applicant through your personal contact / social networking? If no, how have you been acquainted with the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Duration of time you have known the Applicant?	_____ Years	_____ Years
3. Have you had any previous dealings with the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the Applicant have good financial viability and trustworthiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you sighted the original NRIC / Passport with the photocopied documents of the Applicant (Individual only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the Applicant actively involved in any political activities or politically linked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
II) VULNERABLE CLIENT ASSESSMENT CRITERIA		
1. Disabilities ¹⁹ – Does the Applicant have any disabilities that could impact their decision making?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Life Events – Has the applicant faced significant life events like unemployment or the death or permanent disability of the main breadwinner that caused temporary or long-term financial hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Financial Resilience – Does the applicant have a low ability to handle financial shock, such as being heavily in debt, having cash flow issues, or having no savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Capability – Does the applicant have limited knowledge of financial matters, lack confidence in managing money, or have low skills in areas like literacy, language, or digital skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Age ²⁰ - Is the Applicant a senior citizen who may have limited technological skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

²⁰ Age 60 and above

Estimated value of cash/shares to be deposited	Cash: RM	Shares: RM	Recommended Limit:
Remarks:			

1. Having assessed the Applicant's financial position, experience in trading and investment objectives, I hereby request that the Applicant be allowed to open and operate the trading/investment account with the Company and allow me to act as the Dealer's Representative (DR) / Futures Broker Representative (FBR) (inclusive of Associated DRs/FBRs and Trading Clerk of DRs/FBRs) / Wealth Advisor (WA) for the said applicant in accordance with the terms and conditions stated herein.

- I hereby also declared that I am well-trained to have the necessary skills, tools and confidence to deal with vulnerable clients by also putting attention to the use of positive language, empathy, active listening and other specialist communication techniques.

4. I shall keep you fully indemnified against any losses, damages, debts, interest/late payment charges and all other costs and expenses incurred and suffered by you in relation to the trading/investment account of this Applicant.

Date:

UTRADE Online Trading Facility			
Client Code	:		
UTrade / User ID	:		
DR / FBR Code	:	Branch Code	:
Processed By	:	Date	: