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SECTION A — BASIC CORPORATE INFORMATION

Account Name:	Account No:
Registered Business Name:	Registration No.:
Registered Address:	Contact Number(s):
Business Address:	Email Address:
Date of Incorporation:	Country of Incorporation:
Nature of Business:	

Classification of Entity

Sole Proprietorship Limited Private Limited Society/Club/Association Other _____ (please specify)

Purpose of Account

Transactional Investment Loan Repayment Other _____ (please specify)

Source of Funds

Country of origin of funds: Malaysia Other _____ (please specify)
Source/origin of incoming funds? (Do not state other banks as the source.) You may tick more than one box.
 Business Proceeds Commission or Contract Fee
 Services Rendered Other _____ (please specify)
 Return on Investments

SECTION B — INDICATE IF THE CUSTOMER BELONGS TO ANY OF THE FOLLOWING

(i) Special Category	Verify if the entity is one of the following:	<input type="checkbox"/> No Please skip Section B(ii)
	<input type="checkbox"/> Malaysian Government Entities <input type="checkbox"/> Foreign Government Entities not from high risk country <input type="checkbox"/> Public-listed companies on a recognized stock exchange ^a	
	Name of exchange: _____ Country: _____	
	<input type="checkbox"/> Financial institutions regulated in a FATF member country (apart from money changers and remitters) <input type="checkbox"/> An investment vehicle where the managers are financial institutions regulated in a FATF member Country.	
	Name of institution: _____	
(ii) Identity Verification	Has the status of the entity under the above category been independently verified? (Please attach official documentation from the relevant securities exchange /regulatory body or other acceptable source, e.g. listing status /license from regulatory /statutory docs from Suruhanjaya Sykt, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C — VERIFICATION OF DIRECTOR(S) / PARTNERS / PERSON(S) HAVING EXECUTIVE AUTHORITY / BENEFICIAL OWNER(S) / AUTHORISED SIGNATORIES ("CORPORATE INDIVIDUALS")

Please ensure that the following actions have been completed and confirm with a tick ✓ to each item.

- I have obtained the NRIC/Passport copies of the Corporate Individuals (including Directors and Authorised Signatories) who have control concerning the use or transfer of funds or assets.
- I confirm that the identities of the Corporate Individuals have been verified and authenticated. Please attach the relevant documentation.

^a refer to IOSCO website for the list of recognized stock exchanges

SECTION D – INDICATE IF THE CUSTOMER BELONGS TO ANY OF THE FOLLOWING (CONTINUE):

If the customer(s) falls into any of the following categories, check the 'Yes' box. If not applicable, check 'No' and skip to Section F.

If one or more Beneficial Owners, authorized signatories, or directors are foreign PEPs*, please complete the following (please attach extra sheets where necessary):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Beneficial Owner: _____		Name of Beneficial Owner: _____	
PEP Position: _____ (Appointment & Name of Government)		PEP Position: _____ (Appointment & Name of Government)	
Relationship with Entity/Company: _____		Relationship with Entity/Company: _____	
Corporate customer is incorporated and has operations in a High Risk Jurisdiction. Please specify: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporate customer's business is considered to be a High Risk Business. Please specify: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporate customer's source of funds is from a High Risk Jurisdiction. Please specify: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION E – ENHANCED DUE DILIGENCE [FOR CUSTOMER WHO FULFILLED ONE OR MORE CRITERIA IN SECTION D]

This section is to be completed if the customer(s) falls into Section D.

Anticipated Volume and Type of activity	Transaction Types	Anticipated FUM subsequently per period? (RM'000)		
	Injections	<input type="checkbox"/> <RM\$500	<input type="checkbox"/> >RM\$500-1000	<input type="checkbox"/> >RM\$1000
	Redemptions / Withdrawals	<input type="checkbox"/> <RM\$500	<input type="checkbox"/> >RM\$500-1000	<input type="checkbox"/> >RM\$1000

SECTION F – IDENTIFICATION OF BENEFICIAL OWNERS AND OWNERSHIP STRUCTURE

This section is to be completed for all customers except those customers who fall into Section B (i).

1. For complex structures and multi-tiered organizations, attach and document ownership structure including beneficial owners and share percentage (%) ownership.

2. Who are the ultimate beneficial owner(s) of the Entity? _____

List of Beneficial Owners			
Name	NRIC / Passport No.	Nationality	Relation to Corporate Entity / Beneficial Owner / Shareholder / Authorised Signatory / Others

Note: The KYC Checklist must be reviewed for completeness before the account is opened. If account is opened with incomplete KYC, the reason(s) for doing so MUST be documented and complete KYC is to be carried out within 30 days of account opening.

Completed by:	
Name: _____	Designation: _____
Comments: _____	
Signature: _____	Date: _____
Reviewed by:	
Name: _____	Designation: _____
Comments: _____	
Signature: _____	Date: _____
Noted &/or Approved by: For Special Customers (If customer fulfils any criterion in Sect D).	
Name: _____	Designation: _____
Comments: _____	
Signature: _____	Date: _____

*Politically Exposed Persons