

Suite 5-03, 5th Floor, Menara Atlan, 161B, Jalan Ampang, 50450 Kuala Lumpur, Malaysia
Phone: +603 2164 5303 Fax: +603 2164 5308 Email: info@saturna.com.my Website: www.saturna.com.my

SECTION A — BASIC PERSONAL INFORMATION

Account Name:

Full Name:

NRIC/Passport No.:

Residential Address:

Nationality:

Date of Birth (DDMMYY):

Contact number(s):

Occupation:

Salaried

Name of Employer: _____

Nature of Business: _____

Self-employed

Name of Employer: _____

Nature of Business: _____

Housewife Retiree Unemployed Student Other _____ (please specify)

Address verified against: (Please tick ✓ one or more boxes)

- Latest Utility/Phone Bill Latest Bank Statement
 Employment Pass/Contract Other _____
 Income Tax Form

Purpose of Account:

- Funds for retirement Customer has confirmed that the account is for personal use.
 Wealth management Other _____ (please specify)

Beneficial Owner in relation to Customer:

Customer has confirmed that the account is for his/her personal use. If not, to perform full KYC on beneficial owner.

Source of Funds

Country of origin 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.

- Personal Savings Dividend Receipt Commission
 Own Business Salary Other _____ (please specify)
 Inheritance / Gift Return on Investments
 Rental Receipt

SECTION B – INDICATE IF THE CUSTOMER BELONGS TO ANY OF THE FOLLOWING:

If the customer falls into any of the following categories, check the 'Yes' box. If not applicable, check 'No' and skip Section C.

Customer is or is a close associate/family member/relative of a foreign Politically Exposed Person (PEP) Yes No

Please specify position and/or relationship _____ Period Held: _____

Customer resides in a High Risk Jurisdiction. Please specify: Yes No

Customer's business is considered to be a High Risk Business. Please specify: Yes No

Customer's source of funds is from a High Risk Jurisdiction. Please specify: Yes No

SECTION C – ENHANCED DUE DILIGENCE FOR CUSTOMER(S) WHO FULFILLED ONE OR MORE CRITERIA IN SECTION B

Anticipated Volume and Type of Activity	Transaction Types	Anticipated FUM subsequently per period? (RM'000)		
	Injections (including inward remittances)	<input type="checkbox"/> <RM\$200	<input type="checkbox"/> >=RM\$200-500	<input type="checkbox"/> >RM\$500
	Redemptions / Withdrawals (including outward remittances)	<input type="checkbox"/> <RM\$200	<input type="checkbox"/> >=RM\$200-500	<input type="checkbox"/> >RM\$500
	Please specify other types of transactions where applicable: _____			
	Please obtain details of customer's source of wealth and estimated net worth: You may tick ✓ more than one box. Customer's wealth generated from:			
Source of Wealth	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Investments	<input type="checkbox"/> Other _____ (please specify)	
	<input type="checkbox"/> Income from Employment	<input type="checkbox"/> Inheritance/Gift		
	Estimated Net Worth:	<input type="checkbox"/> less than RM1 million	<input type="checkbox"/> between RM1 million - 2 million	<input type="checkbox"/> above 2 million

RISK PROFILING

What is the portfolio's investment time horizon?

- 2– 3 Yrs 3 – 5 Yrs > 5 Yrs

For each of the following attributes, circle the number that most closely reflects your level of concern. The more important the attribute, the higher the number should be.

	Most Important		Least Important
Capital preservation	3	2	1
Growth	3	2	1
Aggressive growth	3	2	1

MANDATE TYPE

- Type of Account: Discretionary Non-Discretionary
- Objective: Income Capital Gains Income and Capital Gains
- Risk Preference: High Medium Low
- Market/Currency Exposure: Malaysia Foreign No restriction

Management Fee: _____ p.a. Performance Fee : _____ p.a.

Investment Restrictions: types of investments to be avoided, example specific markets, specific investments, options/futures.

Other instructions (if any) : _____

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 B).	
Name: _____	Designation: _____
Comments: _____	
Signature: _____	Date: _____