

Berjaya Mutual Berhad (*Formerly known as Inter-Pacific Asset Management Sdn Bhd*) (Berjaya Mutual) Registration No. 199001013139 (204709-U)

West Wing, Level 13, Berjaya Times Square No. 1, Jalan Imbi, 55100 Kuala Lumpur Tel: 03-2117 1889 Fax: 03-2142 6029

ACCOUNT OPENING CHECKLIST (CORPORATE)				
Customer Name				
Account Number				
Account Type	Unit Trust Fund / Wholesale Fund / Private Mandate			

A) DOCUMENTS (please fill up whichever is applicable)

(i) Unit Trust Fund / Wholesale Fund

No	Documents	Yes	No	N/A
1	Certificate of Incorporation (Certified True Copy) Form 9 Form 11 / Section 40, 41(1) / (2) Form 13 / Section 28 Form 20			
2	Form 24 / Section 78 (Certified True Copy)			
3	Form 49 / Section 58 (Certified True Copy)			
4	Form 44 / Section 46(3) (Certified True Copy)			
5	Latest Form of Annual Return / Section 68 (Certified True Copy)			
6	Memorandum and Article of Association (Certified True Copy)			
7	Extract of Board Resolution to open / operate investment account, authorised signatories and specimen signatures (Certified True Copy)			
8	A copy of MyKad / Passport for ALL the authorised signatories (<i>Certified True Copy</i>)			
9	A copy of MyKad / Passport for directors (Certified True Copy)			
	Note: At least two (2) directors' MyKad / Passport			



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No	Documents	Yes	No	N/A
10	A copy of MyKad / Passport for shareholders with equity interest of more than 25% (Certified True Copy) Note: At least two (2) shareholders' MyKad / Passport with equity interest of more than 25%.			
11	Account Opening Form (initial on all pages)			
12	Transaction Form			
13	BO Declaration Form			
14	PDPA Notice			
15	FATCA & CRS Self-Certification Form			
16	FATCA & CRS Self-Certification Form - Controlling Person (Passive NFFE / NFE or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)			
17	Suitability Assessment Form			
18	Declaration of Accredited Investor & High-Net Worth Entity			



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(ii) Private Mandate

No	Documents	Yes	No	N/A
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2	Form 24 / Section 78 (Certified True Copy)			
3	Form 49 / Section 58 (Certified True Copy)			
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9	A copy of MyKad / Passport for directors (Certified True Copy) Note: At least two (2) directors' MyKad / Passport			
10	A copy of MyKad / Passport for shareholders with equity interest of more than 25% (Certified True Copy) Note: At least two (2) shareholders' MyKad / Passport with equity interest of more than 25%.			
11	Account Opening Form (initial on all pages)			
12	Transaction Form			



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No	Documents	Yes	No	N/A
1 3	PDPA Notice			
14	FATCA & CRS Self-Certification Form			
15	FATCA & CRS Self-Certification Form — Controlling Person (<i>Passive NFFE / NFE or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution</i>)			
16	Investment Management Agreement (initial on all pages)			
17	Declaration of Accredited Investor & High-Net Worth Entity			

Prepared by:
Name of CMSRL / MR / UTC:
MyKad number:
UTC Code:



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B) FOR INTERNAL USE ONLY

No	Documents	Yes	No	N/A
1	LexisNexis Report*			
2	Customer Risk Profiling Checklist			
3	 Screenshot of screening against*: Federal Government Gazette (Anti-Money Laundering and Anti-Terrorism Financing Order) Strategic Trades Order Other lists required by the regulators / authorities. 			
4	Account Opening Form for Trading Account (<i>Private Mandates</i>)			
5	Bursa Malaysia CDS Account Form (Private Mandates)			
6	Stamping for Investment Management Agreement (Private Mandates)			

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4	Guida	ınce :	tor	name	screen	ııng:

- Company director / shareholder / authorised signatory 's name with alias must conduct the screening as follows:
 - Example: Yap Ah Kow @ Tan Ah Kow
 - 1st screening: Yap Ah Kow @ Tan Ah Kow; 2nd screening: Yap Ah Kow; and 3rd screening: Tan Ah Kow
- Screen the Company director / shareholder / authorised signatory 's name without title i.e. Datuk, Dato, Datin, Tan Sri etc.
- Screen the name of the Company, authorised signatories, directors and shareholders.

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Remarks / Comments (if any):		
Prepared by:	Checked by:	
. repared by:	oneoned by:	
Name:	Name:	
Designation:	Designation:	
Date:	Date:	