

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

CHANGE REQUEST FORM

BERJAYA BERJAYA MUTUAL	West Wing, Level 13, Berjay Tel: 03-2117 1889 Fax: 03-2		alan Imbi, 55100 Kuala Lur	npur	(To update individual / co	orporate account information)
Requested by:	Principal Holder	Joint Holde		Marketing Represe	entative Uni	it Trust Consultant
			BASIC DETAIL	<u>-S</u>		
Company Reg	istered Name / Name	As per MyKad / P	assport / Other ID	:		
Company Reg Account Numb	istration No / Client Co er	ode		:		
		СН	ANGE(S) REQ	UEST		
				presentative / Unit Tru		orporate)
2. MyKad / P	assport / ROC / ROS	(Principal Holder	/ Joint Holder / Mark	keting Representative /	Unit Trust Consu	ıltant):
3. Mailing Ad	dress (Principal Holde	er / Joint Holder /	Marketing Represen	ntative / Unit Trust Cons	sultant / Corporat	e):
 Marital Sta Occupatio 	atus: Single	Married	Divorced	Widow		
6. Annual Inc	come (Principal Holder	/ Joint Holder / M	larketing Represent	ative / Unit Trust Consu	ultant):	
7. Contact N	umber (Principal Hold	er / Joint Holder /	Marketing Represer	ntative / Unit Trust Con	isultant / Corpora	te):
8. Email Add	ress / Company Emai	l Address (Princip	al Holder / Joint Hol	der / Marketing Repres	sentative / Unit Tr	ust Consultant):
9. Update Si	gnature(s): Principal Marketin			Holder: ant:		
10. Signature		rincipal to Sign orporate directors	Either one to Sig	gn Both to Sign	Authorised	d persons
11. Tax Resid	dency:					
Principal Holde	er Mala	aysia tax resident	Malaysia & N	on-Malaysia tax reside	nt Non-Ma	laysia tax resident
Joint Holder	Mala	aysia tax resident	Malaysia & N	on-Malaysia tax reside	ent Non-Ma	laysia tax residen
Marketing Rep Unit Trust Con		aysia tax resident	Malaysia & N	on-Malaysia tax reside	nt Non-Ma	laysia tax resident
Corporate Acco	ount Mala	aysia tax resident	Malaysia & No	on-Malaysia tax resider	nt Non-Mal	laysia tax resident
12. Bank Acc	count Details:					
	er Bank Name: unt Name:			I Account Holder Numb	oer:	
				count Holder Number:		
Marketing Rep	resentative / Unit Trus	st Consultant Acco	ount Holder Name: _			

Marketing Representative / Unit Trust Consultant Account Number:

Agent Code:	Agency:						
To: Name:							
Agent Code:							
	DECLARATION BY THE	INVESTOR					
I / We confirm that the information provided is correct and authorize Berjaya Mutual to act on the changes. I / We agree that I / We							
have read & understood the terms a	nd conditions and agree to be found	y it.					
	The state of the s						
Signature of Principal Holder / Director / Authorised	Signature of Joint Holder / Director / Authorised						
Person	Person		Company Stamp:				
Date	Date		Date				
	DECLADATION BY THE	INVESTOR					
	DECLARATION BY THE		ed investor. For changes requested for				
 Berjaya Mutual may require additional documentations to effect the changes requested. This Change Request will not be processed if the required documentation has not been received by Berjaya Mutual. Berjaya Mutual will not be liable for any loss incurred due to incorrect information being supplied by the investor. Berjaya Mutual reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor. The responsibility of ensuring that the Change Request has been received and has been acted upon by Berjaya Mutual will lie with the investor. A fax confirmation receipt in the hands of the sender will not be regarded as proof that Berjaya Mutual has received a specific document. The investor can check and confirm that the Change Request has been acted upon by receiving new confirmation email by Berjaya Mutual. Where this Change Request form is signed on behalf of the investor, the signatory warrants that he / she has authority to do so, that the information contained here is in correct in all respects and he / she indemnifies Berjaya Mutual against any and all damages and / or loss arising from such event. Berjaya Mutual shall not be liable or responsible, for any reason, in the event that the signatory to this is not duly authorised and the signatory indemnifies Berjaya Mutual against any and all damages and / or loss arising from such event. Berjaya Mutual will not be liable for any damages or losses of whatsoever nature arising out of Berjaya Mutual's failure to action this instruction due to occurrences beyond the control of Berjaya Mutual. Copies of all verification documentation must accompany this Change Request Form. Berjaya Mutual will not be obliged to process this form until it has received the required documentation. Berjaya Mutual will not be liable for any loss or damage or whatsoever nature arising from the inability of Berjaya							
Received by:	FOR OFFICE U	-	oved by:				
Received by.	Verified by:	Λρριο	ived by.				

Date:

Date:

Date: