

(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

**SUITABILITY** ASSESSMENT FORM

### **CORPORATE**

This Suitability Assessment Form will guide you in choosing the unlisted capital market products that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable unlisted capital market products are recommended according to your investment needs and objectives.

FILE SPECIFIC INFORMAT	TION
Date Undertaken	
CMSRL/ Distributor Representative / Adviser / Consultant's Name	
Product Issuer	Berjaya Mutual Berhad (Formerly known as Inter-Pacific Asset Management Sdn Bhd)
Name of Product	
Category of Product	
SECTION A: GENERAL INF	FORMATION
Name (as in Certificate of Incorporation)	
Company Registration No	
Contact Person	
Contact Number	
Contact Person's Email Address	
f the following box is ticked, 1	please proceed with Section E of this Form:
Malaysia's Guidelines on	credited investor or a high-net-worth entity as set out in Schedule 1 of Securities Commission a Sales Practices of Unlisted Capital Market Products ( <i>please refer Appendix B</i> ) and hence this ed not be conducted on the organisation, and wishes to opt-out from taking this suitability assessment.



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## SECTION B: FINANCIAL CAPACITY

Tell us about your company's latest audited profit (RM): -		
ren us about your company's fatest audited profit (RM): -	Score	
0 - 100,000 (0)		
As of the date of this assessment, share with us your company's latest audited liability (RM): -		
Above 1,000,000 (0) 100,001 – 1,000,000 (1) 0 - 100,000 (2)		
As of the date of this assessment, share with us your company's latest audited shareholders fund (RM): -	Score	
0 - 100,000 (0) 100,001 - 1,000,000 (2) Above 1,000,000 (4)		
What is your company's investment objectives?	Score	
Capital Preservation (0) Income (1) Balanced (2) Income and Growth (3)		
Growth (4)		
How long will your company hold its investments for?	Score	
$<3 \text{ years } (0)$ $\ge 3 \text{ to 5 years } (2)$ $> 5 \text{ years } (4)$		
Share with us, your company's expectation of annualized gain that you would expect (%)?		
Above 12.00 (4)		
What is your company's risk tolerance?		
Capital preservation is very important (0)		
Capital preservation is my/our objective but I/we can accept some capital reduction (2)		
I/We understand market risk and willing to accept capital reduction in my/our investment (4)		
Share with us your company's investment experience: -		
Bonds		
Derivatives		
Equities		
Unit Trust Fund $\boxed{} < 1 \text{ year } (0)$ $\boxed{} > 1 \text{ year } (1); \text{ and}$		
Please specify fund category: Balance Bond Equity		
Grand Total		



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## SECTION C: RECOMMENDATIONS

Group*  *See Appendix A for fund groupings.	Funds		Rationale	CMSRL / Distributor Representative / Adviser / Consultant's Signature	
1				I attended to this Client: -	
2					
3				Signature	
4				Name: UTC Code:	
5				Date:	
SECTION D: DECLARATION (PLEASE TICK WHICHEVER IS APPLICABLE)					
I / We understand my risk prescribed in Section C al	profile and the recommendation above.	as	I / We agree with the recommendation.	I / We do not agree with the recommendation.	
I / We hereby declare and provided herein is accurate	confirm that all the information te, complete and true.				
I / We hereby acknowledge and agree that I am / we are in receipt of the Product Highlight Sheet, Master Prospectus or Prospectus, Information Memorandum and / or disclosure documents (including any supplemental / replacement thereof).			Authorised Signatory		
I / We hereby acknowledge and agree that the product(s) mentioned herein have been explained to me / us and I am / we are fully aware of the features and risk arising out of and / or in connection with the products(s).			Date:		
	pertain information required for pro that this may adversely affect my		Authorised Signato	PV	
I / We have decided to purchase another unlisted capital market product that is not recommended by the product distributor.			Date:	r. J	



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**BERJAYA MUTUAL** Tel: 03-2117 1889 Fax: 03-2142 6029

If the **product is not recommended** by the product distributor, please provide as follow:

Reasons product is not recommended:		

### SECTION E: ONLY APPLICABLE TO NON-PARTICIPATION/OPT-OUT

The organisation does not wish to provide its corporate information for completion of the suitability assessment. The organisation will make all of its present and future investment decisions based on its own judgement and independent advice as the

The organisation hereby declares and confirms that all the information provided herein is

suitability assessment. The organisation will make all of its present and future investment decisions based on its own judgement and independent advice as the organisation considers appropriate. The organisation acknowledges that the CMSRL / Distributor Representative / Adviser / Consultant has explained to the organisation clearly the purpose of this suitability assessment, which the organisation understands would help the organisation to understand and assess its risk tolerance for investment in unit trust / wholesale funds and the product range that would be suitable for the organisation.

The organisation hereby acknowledges and agrees that they are in receipt of the Product Highlight Sheet, Master Prospectus or Prospectus, Information Memorandum and / or disclosure documents (including any supplemental / replacement thereof).

The organisation hereby acknowledges and agrees that the product(s) mentioned herein have been explained to them and they are fully aware of the features and risk arising out of and/ or in connection with the products(s).

**Authorised Signatory** 

Date:

**Authorised Signatory** 

Date:

### APPENDIX A

Group	Fund Category	Score	Risk Category
G1	Money Market	0-8	Low
G2	Balanced     Bond	9-15	Moderate
G3	Equity	16-28	High



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## APPENDIX B

Category of Investors	Qualifying Criteria
High-Net-Worth Entity	A corporation with total net assets exceeding RM10 million or its equivalent in foreign currencies based on the last audited accounts.
	A partnership with total net assets exceeding RM10 million or its equivalent in foreign currencies.
	• A company that is registered as a trust company under the Trust Companies Act 1949 which has assets under management exceeding RM10 million or its equivalent in foreign currencies.
	• A corporation that is a public company under the Companies Act 2016 which is approved by the SC to be a trustee under the CMSA and has assets under management exceeding RM10 million or its equivalent in foreign currencies.
	• A pension fund approved by the Director General of Inland Revenue under the Income Tax Act 1967.
	• A statutory body established by an Act of Parliament or an enactment of any State.
Accredited Investor	Central Bank of Malaysia established under the Central Bank of Malaysia Act 2009.
	A holder of a Capital Markets Services Licence.
	• An executive director or chief executive officer of a holder of a Capital Markets Services Licence.
	A unit trust scheme or a prescribed investment scheme.
	A closed-end fund approved by the SC.
	• A licensed bank as defined in the Financial Services Act 2013 or a licensed Islamic bank as defined in the Islamic Financial Services Act 2013.
	• A Labuan bank as defined in the Labuan Financial Services and Securities Act 2010.
	• A licensed insurer as defined in the Financial Services Act 2013.
	• An insurance licensee as defined in the Labuan Financial Services and Securities Act 2010.
	• A takaful licensee as defined in the Labuan Islamic Financial Services and Securities Act 2010.
	• A licensed takaful operator as defined in the Islamic Financial Services Act 2013.
	A private retirement scheme as defined in the CMSA.