

Client Acknowledgement Form

I / We hereby confirm that my Unit Trust Scheme Consultant ("UTC") named _____:-

No.	Checklist
1.	Has presented his / her digital authorisation status with the Federation of Investment Managers Malaysia (FIMM), and / or has guided me / us to conduct a self-check of his / her status on the FIMM website.
2.	Has given me / us a copy of the Collective Investment Scheme(s) Offering Document (i.e. Prospectus for unit trust funds, Information Memorandum for Wholesale Funds, as well as any other supplemental and / or replacement thereto (if any).
3.	Has advised me / us to read and fully understand the contents of the Offering Document.
4.	Has presented / provided / explained and / or informed me / us:- (i) On the terms and conditions for account opening; (ii) On the risks involved / associated with investments and its general characteristics (investment objective & strategy); (iii) On the cost of investing that is payable by me / us (i.e. the fees and charges involved when investing in the products); and (iv) On my / our cooling-off right as a first-time investor in Collective Investment Scheme(s); (Cooling-off right is not applicable to Non-Discretionary Portfolio (NDPM) / Discretionary Portfolio (DPM)).
5.	Has conducted a Suitability Assessment Test ("SAT") to determine my / our risk profile prior to recommending me / us a suitable Collective Investment Scheme(s). I / We have also indicated my / our agreement or disagreement to the recommendation in the SAT form.
6.	Has informed me that: - (i) I / We shall only make payment by cheque or via online transfer directly to AIIMAN Asset Management Sdn Bhd; (ii) I / We shall not at any time transfer money to him / her as an intermediary nor agree that any proceeds be credited to an account other than my /our own; and (iii) NO physical cash should be given to him / her.
7.	DID NOT request for me / us to pre-sign any forms.

Confirmed by:

Confirmed by:

Signature of First Applicant

Name:

NRIC No. / Passport No. / Other:

Date:

Signature of Joint Applicant

Name:

NRIC No. / Passport No. / Other:

Date:

COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC)

Name of *UTC: _____

*UTC Contact No.: _____

*UTC Code: _____

*Delete where not applicable.

Signature

Date: