

Account No.  - 

Incorporation No: \_\_\_\_\_

Name of Incorporation: \_\_\_\_\_

 Please read the explanatory notes and tick  one (1) of the following:

Corporates	The client uses its investment gain / income for BUSINESS purposes. This applies to entities such as partnership, private limited (Sdn Bhd), public limited (Bhd), public listed, state-owned enterprises, government-linked corporations (GLC), non-private trust or non-private offshore investment companies.	
	Note: If a partnership or a private limited (Sdn Bhd) that may use its investment gain / income for personal purposes AND aims to hold its investment for >5 years, please categorise it as Wealth Corporates.	
	<b>Please tick <input checked="" type="checkbox"/> one (1) of the following:</b>	
<input type="checkbox"/> GLC / State-owned Enterprises <input type="checkbox"/> Sdn Bhd / SME	<input type="checkbox"/> Public Listed <input type="checkbox"/> Others	

Wealth Corporates	The client (or its end client) uses its investment gain/income mainly for PERSONAL purposes.	
	Note: If a partnership or a private limited (Sdn Bhd) that invests only in cash fund AND aims to hold its investment for <5 years, please categorise it as Corporates.	
	<b>Please tick <input checked="" type="checkbox"/> one (1) of the following:</b>	
<input type="checkbox"/> Sole Proprietorship / Partnership <input type="checkbox"/> Private Investment Companies (onshore / offshore) / Sdn Bhd <input type="checkbox"/> Private Trust (onshore / offshore) / Private Non-charitable Foundation		

Government Fund / Foundation / Agency		
	<b>Please tick <input checked="" type="checkbox"/> one (1) of the following:</b>	
<input type="checkbox"/> Government Foundation <input type="checkbox"/> Government Fund <input type="checkbox"/> Government Agency		

Insurance Fund		
----------------	--	--

Retirement / Pension Fund		
---------------------------	--	--

Third Party Distribution		
--------------------------	--	--

Others		
	<b>Please tick <input checked="" type="checkbox"/> one (1) of the following:</b>	
<input type="checkbox"/> Cooperative <input type="checkbox"/> Charitable Organisation / Religious <input type="checkbox"/> Association / Society / Agency	<input type="checkbox"/> Joint Management Bodies <input type="checkbox"/> Foundation <input type="checkbox"/> Others (please specify) <hr style="width: 100px; margin-left: 0;"/>	

AUTHORISED UTC	Form Received By:	Form Processed By:
Name: (as per NRIC) <hr style="width: 150px; margin-left: 0;"/>	Name: <hr style="width: 150px; margin-left: 0;"/>	Name: (as per NRIC) <hr style="width: 150px; margin-left: 0;"/>
UTC Code: _____	Branch: _____	_____
Date: _____	Date: _____	Date: _____