UOB KAY HIAN SECURITIES (M) SDN BHD

(Registration No. 199001003423 (194990-K))

A Participating Organisation of Bursa Malaysia Securities Berhad

A Trading Participant of Bursa Malaysia Derivatives Berhad

A Registered IUTA and IPRA of Federation of Investment Managers Malaysia

Website : www.utrade.com.my



APPLICATION FORM FOR INDIVIDUAL APPLICANT

1 APPLICANT PARTICULARS					
Name of Applicant (as per NRIC / Passport)					
Title Gender Male Female Race Date of Birth (dd.mm.yyyy)					
New NRIC - - Old NRIC/Authority Card/Passport					
Correspondence Address as per Registered Address in NRIC(Please tick ☑)					
Correspondence Address if different from Registered Address:					
Postcode Postcode					
Is the Above Residence Owned Relatives Others					
Telephone No. (Home) Country of Phone Malaysia US Others					
Mobile No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
E-mail Address (Compulsory for New Applicant)					
Marital Status Single Married Widowed No. Of dependent(s):					
If married, please complete following details of spouse:					
Spouse Name					
New NRIC Old NRIC/Authority Card/Passport Old NRIC/Authority Card/Passport					
Important Information as Required Under FATCA/ CRS					
Country of Birth US Others (please specify)					
Nationality					
Are you a Malaysian Resident (For Exchange Control ¹) Yes No Por declaration as Malaysia resident I solemnly declare that I shall consent to abide with and be bound by the provision of the Exchange Control Act 1953 and Bank Negara Foreign Exchange Administrative Policy and any amendments from time to time with regards to any transaction or payments to or from my relevant trading account(s). Refer to T&C for further details					
Are you a foreign tax resident?					
If Yes, please specify: Country: Tax Identification No: If you are a US Tax Resident and/or US Citizen, please provide us a completed Form W-9					
If no TIN available, please tick following:					
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents Reason B – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN					
issued by such jurisdiction)					
Reason C – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN if you have selected this reason: No tax obligation, therefore country does not issue TIN; Retiree, therefore country does not issue TIN;					
☐ Recently became tax resident/citizen, therefore no TIN is issued yet; ☐ Exempted from tax, therefore country does not issue TIN; OR ☐ Others: please specify:)					
Do you have any standing instruction for funds transfer to a US Account or account maintained in reportable jurisdiction?					
(For reportable jurisdiction, Refer to IRB Link: http://www.hasil.gov.my/bt_goindex.php?bt_kump=6&bt_skum=2&bt_posi=1&bt_unit=2&bt_sequ=1) Yes No					
Do you have any Power of Attorney or Signatory granted to a person in the US or reportable jurisdiction?					
Yes No					
2 TYPE OF ACCOUNT (please tick ☑ accordingly)					
Shariah Account Conventional Account					
Conventional recount					

3 DOCUMENTS TO BE SUBMITTED (NON	(RETURNABLE)						
A photocopy of NRIC or Passport	Form B / EA Form / Payslip / Bank Statement	Form W-8 Ben Form W-9					
Certified copy(s) of your bank statement / front page of your pass book / details of your bank account obtained from your bank's website / copy of the letter from your bank confirming your bank account							
4 SETTLEMENT BANK ACCOUNT PARTIC	CULARS						
Bank Name:	Account No ⁴ :	Joint Yes No					
All payment payable to you shall be electronically crediting to your above bank account. 4Kindly take note that the bank account must be in my name and this bank must be located in Malaysia offering MEPS IBG services as all payment payable to you shall be electronically crediting to your above Account No.							
5 INVESTMENT EXPERIENCE AND OBJECT	CTIVES						
Future Trading Experience	None <pre> < 1 year</pre> 1-5 years	> 5 years					
Investment Objectives	Investment Speculation	Hedging Arbitraging					
Risk Tolerance	Aggressive Moderate	Conservative					
6 FINANCIAL BACKGROUND							
EMPLOYMENT PARTICULARS (For Client with	ithout any fixed income, please provide your income provi	der's details or your source of income)					
Employed Se	elf-employed Housewife Retired	e Student Others					
Name of Income Provider							
New NRIC -	- Old NRIC / Passp	port					
Name of Business/Employer of Client or Income Pr	rovider						
Office Address of Client or Income Provider							
		Postando .					
		Postcode					
Relationship with Income Provider Family	MembersOthers, please specify:						
Telephone No. (Office)	Fa	x No					
Nature of Business							
Designation	Year	r(s) Employment / Business					
Annual Income Range of Applicant/Income Provider (Combination of all Source of Income) Below ~ RM25,000							
Do you have commitments with any financial institutions? Yes No							
If yes, please state type Overdraft Property Loan Hire Purchase Share Margin Financing Others							
Total commitments (RM)							
()							

7 OTHER PARTICULARS OF APPLICANTS						
a. Do you have Domestic Ringgit Borrowing as defined under BNM FEA rules? (For further details, refer https://www.bnm.gov.my/fep for DRM definition under BNMFEA rule	Yes No					
b. Do you fall under vulnerable category ¹ ? ¹ A person who has physical disabilities / financially constraint / senior citizen who is non-tech so	avvy etc					
c. Are you related² to any staff or Director or Dealer's Representatives of UOB Kay Hi (M) Sdn Bhd ("UOBKH")?	an Securities Yes, name and relationship No					
² related persons means spouse, children, parents, or any accounts where any of the said person(s) has interest and companies in which the staffs, Directors or Dealers' Representative hav at least 15% interest						
d. Have you ever opened an account with UOBKH?	Yes No (please state account number and reason for closing of account)					
e. Do you have existing Securities and/or Derivatives Trading Account with UOBKF	Yes, Account No No					
f. Are you a guarantor for any Trading Account held in UOBKH?	Yes, Account No No					
g. Details of related persons with Trading Accounts maintained with UOBKH	i) Name:					
h. Would you consent and authorise UOBKH to process any information that you had to UOBKH for the purposes of cross selling, marketing and promotions?	ave provided Yes No					
By choosing yes, you expressly consent and authorize UOBKH to process any information that you have provided to UOBKH for the purposes of cross selling, marketing and promotions including administering offers and competitions, disclosure of information to UOBKH Group, its agent, and/or such persons in accordance with Personal Data Protection Act as UOBKH may deem fit.						
i. Would you like to appoint and empower your Future Broker Representative (inclusive of Yes No Associated FBRs) to manage administrative functions in relation to your trading account(s)? Please be aware of the action of choosing a representative would give rise to risks and legal consequences of which you must be prepared to accept. You SHOULD NOT TICK "YES" if you have not been informed of or do not fully understand the consequences. You are advised to obtain competent legal advice on your rights and obligations and clarify any doubts you may have before naming your representative.						
8 DECLARATIONS AND ACKNOWLEDGEMENT						
I hereby confirm that I am fully aware that the full terms and conditions of this Application Form is located at website of UOB Kay Hian Securities (M) Sdn. Bhd. ("UOBKH") (URL:www.utrade.com.my), of which a physical copy has been handed to me and I confirm that I have read each and every DECLARATION, the RISK DISCLOSURE STATEMENTS, the TERMS AND CONDITIONS as well as the UNDERTAKING contained therein, and understand its contents and its implications which have been duly explained to me in detail by the Company. Subject and conditional upon UOBKH approving my Trading Account(s) application, I hereby agree to be bound by them entirely. I am further aware that UOBKH has the sole and absolute discretion to vary, add or remove any of the terms and conditions therein at any time hereafter and it shall be my sole responsibility to keep myself aware of all such changes without the need to be notified and I agree to be bound by all such variations, additions or removal of all such terms and conditions accordingly.						
Signed By:						
<u> </u>	<u> </u>					
Signature of Applicant	Signature of Witness					
Name:	Name:					
NRIC No:	NRIC No:					
Date:	Date:					

9	TO BE COMPLETED BY FUTURES BROKER'S REPRESENTATIVES						
I)	KNOW YOUR CLIENT POLICY						
1.	Have you met the Applicant through your personal contact / social networking?	Yes	☐ No				
	If no, how have you been acquainted with the Applicant?						
2.	Duration of time you have known the Applicant?	Years					
3.	Have you had any previous dealings with the Applicant?	Yes	No No				
4.	Does the Applicant have good financial viability and trustworthiness?	Yes	No				
5.	Have you sighted the original NRIC / Passport with the photocopied documents of the Applicant (Individual only)?	Yes	☐ No				
6.	Is the Applicant actively involved in any political activities or politically linked?	Yes	☐ No				
II)	VULNERABLE CLIENT ASSESSMENT CRITERIA						
1.	Disabilities ¹ – Does the Applicant have any disabilities that could impact their decision making?	Yes	No				
2.	Life Events – Has the applicant faced significant life events like unemployment or the death or permanent disability of the main breadwinner that caused temporary or long-term financial hardship?	Yes	No No				
3.	Financial Resilience – Does the applicant have a low ability to handle financial shock, such as being heavily in debt, having cash flow issues, or having no savings?	Yes	□ No				
4.	Capability – Does the applicant have limited knowledge of financial matters, lack confidence in managing money, or have low skills in areas like literacy, language, or digital skills?	Yes	☐ No				
5.	Age ² - Is the Applicant a senior citizen who may have limited technological skills?	Yes	No No				
Ro	¹ Refers to long-term: (a) hearing impairment; (b) visual impairment; (c) speech impairment; (d) physical impairment; or (e) learning impa ² Age 60 and above emarks:	airment such as dyslexia o	or low spectrum autism.				
10	DECLARATION BY FUTURES BROKER'S REPRESENTATIVE						
1.	Having assessed the Applicant's financial position, experience in trading and investment objectives, I he operate the trading account with the Company and allow me to act as the Future Broker's Representatives						
2.	conditions stated herein. Having assessed the Applicant based on Vulnerable Client Assessment criteria, I hereby understand and agreed that I am expected to respond appropriately, including but not limited to following, if the Applicant falls into any of the categories stated under section 9 (II) 1 to 5 throughout all stages of business relationship: (i) allow the Applicant to have sufficient time to process information that has been provided to him/ her; (ii) clarify whether the Applicant is comfortable with the method of communication, and offering to provide details in an alternate format, such as, via post or email for clarity; and asking the Applicant whether he/ she would like to consult someone else first or require someone else to be present with him/ her when advice is given.						
3. a) b) 4.	I hereby confirm that: I have explained to the Applicant and the Applicant has understood the terms and conditions herein, Multicurrency Settlement, Risk Disclosure Statement, and the risks and obligations associated with the trad the usage of the Company's electronic services (where applicable); and to the best of my knowledge and belief, all information given by the Applicant is true and correct and he ha I shall keep you fully indemnified against any losses, damages, debts, interest/late payment charges and all relation to the trading account of this Applicant.	ing in derivative inc s not withheld any i	cluding foreign derivative trading and material facts.				
	(Signature of Future Broker's Representatives)						
	Name: Code: Date:						

FOR OFFICE USE ONLY								
AML/ Credit Screening								
AML - Experian AML- World Check One			Check One	Client Code	:			
Credit- Experian				FBR Code	:			
Checked By : Date :			Online Trading Facility					
Processed By : Date :				Client Code User ID	:			
Verified By :	Verified By : Date :			FBR Code	:	Branch Code	:	
				Processed By	:	Date	:	
Risk Profiling	Low	Medium	High	Remarks :				
Credit Risk Profile				Kemarks .				
AML Risk Profile								
Approved Lot Limit (Local	Approved Lot Limit (Local Market) :							
Approved Lot Limit (Foreign Market) :								
Account Approved By	:							
Date	:							