

Client Information Update Form

| Please use this form to update your client information. | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| If you wish to change any other information not contained in this form, please let us know at support@crosslightcapital.com and we will provide alternative arrangements to capture the information. | | | | | | | | | | |
| Account Type: Individual I Joint (please also complete Part J-1) Date: D D / M M / Y Y Y Y | | | | | | | | | | |
| Part 1: Main Applicant Personal Details | | | | | | | | | | |
| New NRIC No.: | | | | | | | | | | |
| Passport No./Other: | | | | | | | | | | |
| Full Name (as per NRIC/Passport/Other): | | | | | | | | | | |
| | | | | | | | | | | |
| Mobile No.: + Alternate No.: (optional) + | | | | | | | | | | |
| E-Mail: | | | | | | | | | | |
| Part J-1: Joint Applicant Personal Details - only to be completed for Joint Accounts | | | | | | | | | | |
| New NRIC No.: | | | | | | | | | | |
| Passport No./Others: | | | | | | | | | | |
| Full Name (as per NRIC/Passport/Other): | | | | | | | | | | |
| | | | | | | | | | | |
| Mobile No.: + Alternate No.: (optional) + | | | | | | | | | | |
| E-Mail: | | | | | | | | | | |



Part 2: Update Request

| Update Type | Change Applies to | Please Complete | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Personal Details | ☐ Main Applicant☐ Joint Applicant | Part 3 If updating Passport No. please also provide a witnessed true copy of your new Passport | | | | | | | | |
| Contact Information | ☐ Main Applicant ☐ Joint Applicant | Part 4 If updating Address please also provide a witnessed true copy of a Proof of Address for your new address dated within 3 months | | | | | | | | |
| Bank Account Details | Subscription Account Redemption Account PPDAIF Distribution Receipt Account (must be an MYR account with a local bank) | Part 5 If updating Bank Account please also provide a witnessed true copy of a recent bank statement dated within 3 months | | | | | | | | |
| | | | | | | | | | | |
| Part 3: Personal Details Up please only fill in details the | date at you wish to update, leaving other fields blank | | | | | | | | | |
| Passport No.: | | | | | | | | | | |
| Nationality: | Malaysian Non-Malaysian (please specify |) | | | | | | | | |
| Country of Residence: | Malaysia Other (please specify) | | | | | | | | | |
| Employment Status: | Employed Self-Employed Retired | Homemaker 🗆 Student 🗆 Unemployed | | | | | | | | |
| Name of Employer/Company Name: | | | | | | | | | | |
| Occupation: | Nature Busines | | | | | | | | | |
| Is your occupation/business cash | h intensive? Yes No | | | | | | | | | |
| New Specimen Signature: | | | | | | | | | | |



| Part 4: Contact Information Update - please only fill in details that you wish to update, leaving other fields blank | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|---|---------------------------------|---|---|---|---|---|---|------|---------------------|--|--------------|----------|---|---|---|---|---|---|---|---|---|
| Mobile No.: | + | | | | | | | | | Al | terna (୦) | te No otiona | | + | | | | | | | | | |
| E-Mail: | | | | | | | | | | | | | | | | | | | | | | | |
| Address to Update Permanent Address Correspondence Address Both | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Town/City: | | | | | | | | | | | Po | stco | de: | | | | | | | | | | |
| State: | | | | | | | | | | | (| Coun | try: | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Part 5: Bank Account Details Update | | | | | | | | | | | | | | | | | | | | | | | |
| Account Holder: | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | | Bank Country: (if not Malaysia) | | | | | | | | | | | | | | | | | | | | |
| Account Number | r: | | | | | | | | | | | | | | | | | | | | | | |
| SWIFT/BIC or IBA (for non-MYR acc | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Signature(s) of Authorized Signatory(ies) According to Signing Mandate | | | | | | | | | | | | | | | | | | | | | | | |
| Main Applicar Signature an Full Name | ıd | | | | | | | | | (onl | | i t Ap i jnatu Full l int Ac | re ar Nam | nd e: | | | | | | | | | |
| Date | e: D | D | / | M | M | Y | Y | Υ | Υ | | | | Dat | e: | D | D | M | M | / | Υ | Υ | Υ | (|