


CROSS LIGHT CAPITAL SDN BHD 201901034174 (1343504-X)

Application Form – Corporate

This form is for corporate investment to apply for one Investor Account with Cross Light Capital Sdn. Bhd. ("CLC").
The applicant(s) must complete Parts A, B and C of this form.

Part A

Section	Question																																																																																
Applicant Undertaking (mandatory)	1 I/We shall provide truthful, accurate and complete information for CLC to process my/our application and recommend suitable products. I/We understand that any misleading, inaccurate or incomplete information I/we provide will affect the outcome of the recommendation made and, in such a case, We shall not hold CLC liable for such recommendation and shall indemnify CLC against any and all loss incurred by CLC. Authorized Person 1: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree Authorized Person 2: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree																																																																																
Eligibility Check (mandatory)	2 Are you eligible to invest in wholesale funds as a Sophisticated Entity under the Securities Commission Guidelines? Does your entity have total net assets exceeding RM10 million? <input type="checkbox"/> Yes <input type="checkbox"/> No (you would not be eligible to invest in wholesale funds)																																																																																
Company Details (mandatory)	3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Company Registered Name <i>(as per Certificate of incorporation)</i></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Company Registration No.</td> <td colspan="2">Date of Registration:</td> </tr> <tr> <td colspan="2">Country of Registration/Incorporation</td> <td colspan="2"><input type="checkbox"/> Incorporated in Malaysia <input type="checkbox"/> Outside Malaysia / Specify Country:</td> </tr> <tr> <td colspan="2">Bumi Status</td> <td colspan="2"><input type="checkbox"/> Bumiputra <input type="checkbox"/> Non-Bumiputra</td> </tr> <tr> <td colspan="4">Business Type <input type="checkbox"/> Sendirian Berhad <input type="checkbox"/> Berhad <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietship <input type="checkbox"/> Association / Club / Society <input type="checkbox"/> Government / Statutory Bodies <input type="checkbox"/> Cooperative <input type="checkbox"/> Trustee Company <input type="checkbox"/> Foreign Company</td> </tr> <tr> <td colspan="4">Nature of Business (tick all applicable):</td> </tr> <tr> <td><input type="checkbox"/> Financial/Capital Market Institution</td> <td><input type="checkbox"/> Engineering</td> <td colspan="2"><input type="checkbox"/> Medical/Health/Science</td> </tr> <tr> <td><input type="checkbox"/> Audit/Accounting/Tax/Legal/Company Secretary</td> <td><input type="checkbox"/> Hotel/Travel Services</td> <td colspan="2"><input type="checkbox"/> Education</td> </tr> <tr> <td><input type="checkbox"/> Government Regulatory Authority</td> <td><input type="checkbox"/> Telecommunications</td> <td colspan="2"><input type="checkbox"/> Business in Low Density Goods</td> </tr> <tr> <td><input type="checkbox"/> Non-Governmental Organisation (NGO)</td> <td><input type="checkbox"/> Real Estate/Property</td> <td colspan="2"><input type="checkbox"/> Pawnshop/Dealers in Precious Goods</td> </tr> <tr> <td><input type="checkbox"/> Leisure and Entertainment Businesses</td> <td><input type="checkbox"/> Manufacturing</td> <td colspan="2"><input type="checkbox"/> Offshore Banking/Offshore Trust</td> </tr> <tr> <td><input type="checkbox"/> Building/Construction Related</td> <td><input type="checkbox"/> Goldsmiths and jewelry shops</td> <td colspan="2"><input type="checkbox"/> Religious Bodies</td> </tr> <tr> <td><input type="checkbox"/> Investment Holding Company</td> <td><input type="checkbox"/> Money Services Business</td> <td colspan="2"><input type="checkbox"/> Other (Specify): _____</td> </tr> <tr> <td colspan="4">Registered Address</td> </tr> <tr> <td colspan="2">Town / City</td> <td>Postcode</td> <td></td> </tr> <tr> <td colspan="2">State</td> <td>Country</td> <td></td> </tr> <tr> <td colspan="4">Correspondence Address (if different from above)</td> </tr> <tr> <td colspan="2">Town / City</td> <td>Postcode</td> <td></td> </tr> <tr> <td colspan="2">State</td> <td>Country</td> <td></td> </tr> <tr> <td colspan="2">Tel No.</td> <td colspan="2">Fax No.</td> </tr> </table>	Company Registered Name <i>(as per Certificate of incorporation)</i>				Company Registration No.		Date of Registration:		Country of Registration/Incorporation		<input type="checkbox"/> Incorporated in Malaysia <input type="checkbox"/> Outside Malaysia / Specify Country:		Bumi Status		<input type="checkbox"/> Bumiputra <input type="checkbox"/> Non-Bumiputra		Business Type <input type="checkbox"/> Sendirian Berhad <input type="checkbox"/> Berhad <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietship <input type="checkbox"/> Association / Club / Society <input type="checkbox"/> Government / Statutory Bodies <input type="checkbox"/> Cooperative <input type="checkbox"/> Trustee Company <input type="checkbox"/> Foreign Company				Nature of Business (tick all applicable):				<input type="checkbox"/> Financial/Capital Market Institution	<input type="checkbox"/> Engineering	<input type="checkbox"/> Medical/Health/Science		<input type="checkbox"/> Audit/Accounting/Tax/Legal/Company Secretary	<input type="checkbox"/> Hotel/Travel Services	<input type="checkbox"/> Education		<input type="checkbox"/> Government Regulatory Authority	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Business in Low Density Goods		<input type="checkbox"/> Non-Governmental Organisation (NGO)	<input type="checkbox"/> Real Estate/Property	<input type="checkbox"/> Pawnshop/Dealers in Precious Goods		<input type="checkbox"/> Leisure and Entertainment Businesses	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Offshore Banking/Offshore Trust		<input type="checkbox"/> Building/Construction Related	<input type="checkbox"/> Goldsmiths and jewelry shops	<input type="checkbox"/> Religious Bodies		<input type="checkbox"/> Investment Holding Company	<input type="checkbox"/> Money Services Business	<input type="checkbox"/> Other (Specify): _____		Registered Address				Town / City		Postcode		State		Country		Correspondence Address (if different from above)				Town / City		Postcode		State		Country		Tel No.		Fax No.	
Company Registered Name <i>(as per Certificate of incorporation)</i>																																																																																	
Company Registration No.		Date of Registration:																																																																															
Country of Registration/Incorporation		<input type="checkbox"/> Incorporated in Malaysia <input type="checkbox"/> Outside Malaysia / Specify Country:																																																																															
Bumi Status		<input type="checkbox"/> Bumiputra <input type="checkbox"/> Non-Bumiputra																																																																															
Business Type <input type="checkbox"/> Sendirian Berhad <input type="checkbox"/> Berhad <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietship <input type="checkbox"/> Association / Club / Society <input type="checkbox"/> Government / Statutory Bodies <input type="checkbox"/> Cooperative <input type="checkbox"/> Trustee Company <input type="checkbox"/> Foreign Company																																																																																	
Nature of Business (tick all applicable):																																																																																	
<input type="checkbox"/> Financial/Capital Market Institution	<input type="checkbox"/> Engineering	<input type="checkbox"/> Medical/Health/Science																																																																															
<input type="checkbox"/> Audit/Accounting/Tax/Legal/Company Secretary	<input type="checkbox"/> Hotel/Travel Services	<input type="checkbox"/> Education																																																																															
<input type="checkbox"/> Government Regulatory Authority	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Business in Low Density Goods																																																																															
<input type="checkbox"/> Non-Governmental Organisation (NGO)	<input type="checkbox"/> Real Estate/Property	<input type="checkbox"/> Pawnshop/Dealers in Precious Goods																																																																															
<input type="checkbox"/> Leisure and Entertainment Businesses	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Offshore Banking/Offshore Trust																																																																															
<input type="checkbox"/> Building/Construction Related	<input type="checkbox"/> Goldsmiths and jewelry shops	<input type="checkbox"/> Religious Bodies																																																																															
<input type="checkbox"/> Investment Holding Company	<input type="checkbox"/> Money Services Business	<input type="checkbox"/> Other (Specify): _____																																																																															
Registered Address																																																																																	
Town / City		Postcode																																																																															
State		Country																																																																															
Correspondence Address (if different from above)																																																																																	
Town / City		Postcode																																																																															
State		Country																																																																															
Tel No.		Fax No.																																																																															
Authorized Persons (mandatory)	4 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1st Authorized Person</th> <th>2nd Authorized Person</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> <td></td> </tr> <tr> <td>Designation</td> <td></td> <td></td> </tr> <tr> <td>Department</td> <td></td> <td></td> </tr> <tr> <td>Contact No. Office</td> <td></td> <td></td> </tr> <tr> <td>Mobile</td> <td></td> <td></td> </tr> <tr> <td>Office Email*</td> <td></td> <td></td> </tr> <tr> <td colspan="3">(*Note or Email: By virtue of completing the email column above, you are deemed to have consented to receive communication, information, reports, statement etc from Cross Light Capital Sdn Bhd in relation to your investment via e-mail. All information delivered via e-mail to you are deemed to have been sent and received on the date of such email is sent.</td> </tr> <tr> <td>Operational Authority</td> <td><input type="checkbox"/> One to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> As per Board Resolution</td> <td></td> </tr> <tr> <td>Source of Funds</td> <td><input type="checkbox"/> Cash in hand / surplus funds / working capital <input type="checkbox"/> Disposal of non-core business / asset / investment</td> <td><input type="checkbox"/> Fund raising exercise such as rights issue <input type="checkbox"/> Others: _____</td> </tr> </tbody> </table>		1 st Authorized Person	2 nd Authorized Person	Name			Designation			Department			Contact No. Office			Mobile			Office Email*			(*Note or Email: By virtue of completing the email column above, you are deemed to have consented to receive communication, information, reports, statement etc from Cross Light Capital Sdn Bhd in relation to your investment via e-mail. All information delivered via e-mail to you are deemed to have been sent and received on the date of such email is sent.			Operational Authority	<input type="checkbox"/> One to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> As per Board Resolution		Source of Funds	<input type="checkbox"/> Cash in hand / surplus funds / working capital <input type="checkbox"/> Disposal of non-core business / asset / investment	<input type="checkbox"/> Fund raising exercise such as rights issue <input type="checkbox"/> Others: _____																																																		
	1 st Authorized Person	2 nd Authorized Person																																																																															
Name																																																																																	
Designation																																																																																	
Department																																																																																	
Contact No. Office																																																																																	
Mobile																																																																																	
Office Email*																																																																																	
(*Note or Email: By virtue of completing the email column above, you are deemed to have consented to receive communication, information, reports, statement etc from Cross Light Capital Sdn Bhd in relation to your investment via e-mail. All information delivered via e-mail to you are deemed to have been sent and received on the date of such email is sent.																																																																																	
Operational Authority	<input type="checkbox"/> One to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> As per Board Resolution																																																																																
Source of Funds	<input type="checkbox"/> Cash in hand / surplus funds / working capital <input type="checkbox"/> Disposal of non-core business / asset / investment	<input type="checkbox"/> Fund raising exercise such as rights issue <input type="checkbox"/> Others: _____																																																																															
FATCA Self Certification (mandatory)	5 Which of the following indicate your entity category? Tick one category: <input type="checkbox"/> Incorporated /organized in the United States <input type="checkbox"/> Financial institutions outside United States <input type="checkbox"/> Non-United States government entities <input type="checkbox"/> Non-United States central bank <input type="checkbox"/> None of the above																																																																																

Section	Question												
CRS Self Certification for Entity or Corporate (mandatory)	<p>6</p> <p>Country/Jurisdiction of Residence for Tax Purposes and related Tax Identification Number (TIN)</p> <p>PART 1: Country/Jurisdiction of Residence Declaration</p> <p>We represent and declare that we are:</p> <p><input type="checkbox"/> Malaysian tax resident. Not required to complete PART 2 & PART 3</p> <p><input type="checkbox"/> Malaysian and Non-Malaysian tax resident. Please proceed to complete PART 2 & PART 3 (if applicable)</p> <p><input type="checkbox"/> Non-Malaysian tax resident. Please proceed to complete PART 2 & PART 3 (if applicable)</p> <p>PART 2: Non-Malaysia Taxpayer Identification Number Declaration</p> <p>Please declare the countries and the respective Taxpayer identification Numbers(s) that you are resident of</p> <table border="1"> <thead> <tr> <th data-bbox="252 443 491 495">Country/Jurisdiction of Tax Residence</th> <th data-bbox="491 443 724 495">TIN</th> <th data-bbox="724 443 1509 495">TIN not available due (please mark "X" at either one)</th> </tr> </thead> <tbody> <tr> <td data-bbox="252 495 491 591"></td> <td data-bbox="491 495 724 591"></td> <td data-bbox="724 495 1509 591"> <input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided) </td> </tr> <tr> <td data-bbox="252 591 491 687"></td> <td data-bbox="491 591 724 687"></td> <td data-bbox="724 591 1509 687"> <input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided) </td> </tr> <tr> <td data-bbox="252 687 491 784"></td> <td data-bbox="491 687 724 784"></td> <td data-bbox="724 687 1509 784"> <input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided) </td> </tr> </tbody> </table> <p>TIN not available due to the following reasons: Reason 1 – The country/jurisdiction of tax residence does not issue TINs to its residents Reason 2 – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collective of TIN issued by such jurisdiction). Reason 3 – No TIN because of other reasons (E.g. TIN application in progress, not required to register tax file etc.)</p> <p>PART 3: Entity Type</p> <p>1. If you are a Financial Institution, please select either one of the following type of Financial Institution: (a) <input type="checkbox"/> Depository Institution, Custodial Institution or Specified Insurance Company (b) <input type="checkbox"/> Investment Entity (refer below for definition) (c) <input type="checkbox"/> Investment Entity (located in a non-participating jurisdiction (refer below for definition))</p> <p>2. If you have selected Part 3, item 1(c) above or you have selected in the FATCA section that you are a Passive NFFE (i.e. an entity whose revenue is mainly (at least 50%) derived from investment activities), please complete (a) and (b) below: (a) Indicate the name of any Controlling Person (s) 1) _____ 2) _____ 3) _____ AND (b) Complete the Individual Tax Residency Self-Declaration Form for each of the Controlling Person, (please request for the form from the Marketing Representative/Service Financial Planner).</p> <p>PART 4: Declaration</p> <p>We understand that the information supplied by us is covered by the full provisions of the terms and conditions governing our relationship with CLC setting out how CLC may use and share the information supplied by us. We acknowledge that the information contained in this Form and our information and any reportable account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with the tax authorities of another country/jurisdictions in which we may be a tax resident of, pursuant to the intergovernmental agreements to exchange financial account information. We undertake to advise CLC within 30 days of any change in circumstances which affects our tax residency status or causes the information contained herein to become incorrect or incomplete (including any changes to the information on Controlling Person(s) identified in PART 3, and to provide CLC with a suitably updated self-certification and declaration within 30 days of such change in circumstances.</p>	Country/Jurisdiction of Tax Residence	TIN	TIN not available due (please mark "X" at either one)			<input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided)			<input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided)			<input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided)
Country/Jurisdiction of Tax Residence	TIN	TIN not available due (please mark "X" at either one)											
		<input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided)											
		<input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided)											
		<input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 _____ (explain why TIN cannot be provided)											
Foreign Exchange Control Self Certification (mandatory)	<p>7</p> <p>Are you a Resident or Non-Resident Entity for foreign exchange control purposes? <input type="checkbox"/> Resident Entity <input type="checkbox"/> Non-Resident Entity</p> <p>If you are a Resident Entity, does the entity have Domestic Ringgit Borrowing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the entity has Domestic Ringgit Borrowing, are you investing using: <input type="checkbox"/> Only Foreign Currency funds outside Malaysia that are not the proceeds of Export of Goods <input type="checkbox"/> Only Foreign Currency funds sourced from borrowings from a Licensed Onshore Bank for Direct Investment Abroad <input type="checkbox"/> Other funds, but in an aggregate amount less than RM 50 million equivalent per calendar year</p>												
PEP Profiling (mandatory)	<p>8</p> <p>Do you have any significant shareholders and directors who are *Politically Exposed Person(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide details:</p>												

Section	Question																
	<table border="1"> <thead> <tr> <th>Name</th> <th>Position in Company</th> <th>Position of PEP</th> <th>Relationship with PEP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*Politically Exposed Person ("PEP") means:</p> <ul style="list-style-type: none"> a person who is or has been entrusted domestically or internationally with prominent public functions, for example Head of State or of government, senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official; or a person who is or has been entrusted with a prominent function by an international organisation which refers to member of senior management, i.e. director, deputy director and member of the board or equivalent functions, and includes family members, i.e. parents, siblings, spouse, child, and / or spouse's parents (both biological and non-biological, e.g. step parents / siblings or adopted parents / child). 	Name	Position in Company	Position of PEP	Relationship with PEP												
Name	Position in Company	Position of PEP	Relationship with PEP														
Investor Servicing (mandatory)	<table border="1"> <tr> <td>9</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>To enable your servicing financial planner or MR to better assist you, do you permit CLC to copy your servicing financial planner or MR on all e-mails from CLC to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	9	<input type="checkbox"/> Yes <input type="checkbox"/> No	To enable your servicing financial planner or MR to better assist you, do you permit CLC to copy your servicing financial planner or MR on all e-mails from CLC to you? <input type="checkbox"/> Yes <input type="checkbox"/> No													
9	<input type="checkbox"/> Yes <input type="checkbox"/> No	To enable your servicing financial planner or MR to better assist you, do you permit CLC to copy your servicing financial planner or MR on all e-mails from CLC to you? <input type="checkbox"/> Yes <input type="checkbox"/> No															

Registration of Primary Bank Account(s) for Sending and Receiving Subscription and Redemption Payments (mandatory)	10	<table border="1"> <thead> <tr> <th></th> <th>Bank account for subscription (mandatory)</th> <th>Bank account for redemption (mandatory)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Is it the same as the bank account for subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No: specify below</td> </tr> <tr> <td>Full Name of Account Holder</td> <td></td> <td></td> </tr> <tr> <td>Formal Bank Name</td> <td></td> <td></td> </tr> <tr> <td>Account Number</td> <td></td> <td></td> </tr> <tr> <td>Bank SWIFT Code (if non-MYR)</td> <td></td> <td></td> </tr> <tr> <td>Bank Country (if non-MYR)</td> <td></td> <td></td> </tr> <tr> <td>Account Currency</td> <td><input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD</td> <td><input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD</td> </tr> </tbody> </table>		Bank account for subscription (mandatory)	Bank account for redemption (mandatory)			Is it the same as the bank account for subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No: specify below	Full Name of Account Holder			Formal Bank Name			Account Number			Bank SWIFT Code (if non-MYR)			Bank Country (if non-MYR)			Account Currency	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD
	Bank account for subscription (mandatory)	Bank account for redemption (mandatory)																								
		Is it the same as the bank account for subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No: specify below																								
Full Name of Account Holder																										
Formal Bank Name																										
Account Number																										
Bank SWIFT Code (if non-MYR)																										
Bank Country (if non-MYR)																										
Account Currency	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD																								

Registration of Additional Bank Account(s) in Other Currencies (optional)	11	<table border="1"> <thead> <tr> <th></th> <th>Additional bank account for subscription (optional)</th> <th>Additional bank account for redemption (optional)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Is it the same as the bank account for subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No: specify below</td> </tr> <tr> <td>Full Name of Account Holder</td> <td></td> <td></td> </tr> <tr> <td>Formal Bank Name</td> <td></td> <td></td> </tr> <tr> <td>Account Number</td> <td></td> <td></td> </tr> <tr> <td>Bank SWIFT Code (if non-MYR)</td> <td></td> <td></td> </tr> <tr> <td>Bank Country (if non-MYR)</td> <td></td> <td></td> </tr> <tr> <td>Account Currency</td> <td><input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD</td> <td><input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD</td> </tr> </tbody> </table>		Additional bank account for subscription (optional)	Additional bank account for redemption (optional)			Is it the same as the bank account for subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No: specify below	Full Name of Account Holder			Formal Bank Name			Account Number			Bank SWIFT Code (if non-MYR)			Bank Country (if non-MYR)			Account Currency	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD
	Additional bank account for subscription (optional)	Additional bank account for redemption (optional)																								
		Is it the same as the bank account for subscription? <input type="checkbox"/> Yes <input type="checkbox"/> No: specify below																								
Full Name of Account Holder																										
Formal Bank Name																										
Account Number																										
Bank SWIFT Code (if non-MYR)																										
Bank Country (if non-MYR)																										
Account Currency	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD	<input type="checkbox"/> MYR <input type="checkbox"/> USD <input type="checkbox"/> AUD																								

Please Fill ONLY if Investing in CLC Performa Private Debt AUD Income Fund (PPDAIF) - AUD Share Class AND Opting for Dividend Payouts	12	<p>The Bank Account for Dividend Payouts must be in MYR Currency</p> <p><input type="checkbox"/> Same as Primary Bank Account for Subscription <input type="checkbox"/> Same as Primary Bank Account for Redemption <input type="checkbox"/> No: specify below</p> <table border="1"> <tr> <td>Full Name of Account Holder</td> <td></td> </tr> <tr> <td>Formal Bank Name</td> <td></td> </tr> <tr> <td>Account Number</td> <td></td> </tr> <tr> <td>Account Currency</td> <td>MYR</td> </tr> </table>	Full Name of Account Holder		Formal Bank Name		Account Number		Account Currency	MYR
Full Name of Account Holder										
Formal Bank Name										
Account Number										
Account Currency	MYR									

Part B

Declarations and application/specimen signatures (mandatory)

1. All adult applicant(s): I am/We are at least 18 years old on my/our last birthday(s) before this application, of sound mind(s), and not disqualified from contracting for myself/ourselves and on behalf of any minor applicant by any law to which I am/we are subject. I am/We are authorized to contract with CLC for myself/ourselves and on behalf of any minor applicant. I/We authorize CLC to open and maintain an Investor Account under the name(s) of the Legal/Beneficial/Legal and Beneficial Owner(s) identified in Part A, and to invest on behalf of the Legal/Beneficial/Legal and Beneficial Owner(s) identified in Part A in accordance with the investment mandate specified in this application.
2. I/We accept that CLC does not offer advice on U.S. income tax regulations. I am/We are not (a) evading, or attempting to evade, U.S. income tax; (b) a U.S. Person/U.S. Persons; and (c) a Person/Persons with U.S. Indicia. I/We accept full responsibility for satisfying these restrictions. If any of the restrictions is violated, I/we undertake to inform CLC immediately.
3. I/We accept that CLC does not offer advice on the Foreign Exchange Policy Notices issued by Bank Negara Malaysia. I am/We are fully aware of, and understand, the rules in the Foreign Exchange Policy Notices that apply to me/us and I/we accept full responsibility for compliance with the same. My/Our expected investment with CLC will be fully investable in Foreign Currency Asset and will
 - (a) not cause my/our type-B aggregate investment in Foreign Currency Asset per calendar year to breach any regulatory limit set in the Foreign Exchange Policy Notices; or
 - (b) cause my/our type-B aggregate investment in Foreign Currency Asset per calendar year to breach any regulatory limit set in the Foreign Exchange Policy Notices, for which I/we have obtained written approval from Bank Negara Malaysia.

If any of the restrictions is violated, I/we undertake to inform CLC immediately. I/We accept that CLC may decline or delay any investment in Foreign Currency Asset that does not fulfil any conditions specified in any written approval from Bank Negara Malaysia.
4. All Legal/Legal and Beneficial Owner(s): I/We qualify as Sophisticated Investor(s) and accept full responsibility for satisfying the qualifying criteria. In the event that I/we fail to satisfy the qualifying criteria, I/we undertake to inform CLC immediately.
5. I/We declare that I/we have not been convicted by any court for any criminal offense whether within or outside Malaysia.
6. I/We declare that I/we have not been subjected to any bankruptcy proceedings or failed to meet any judgment debts whether within or outside Malaysia.
7. I/We accept that CLC has the absolute discretion to suspend or reject my/our application without providing any reason.

	Authorized Person 1	Authorized Person 2	For Official Use Only: Identification Of Servicing Person/Applicant Signature Witness	
Application / Specimen Signature			Signature	
Full Name			Full Name	
Signature Date (DD-MM-YYYY)				
<i>Note: If Authorized Person 2 is a minor, Authorized Person 1 will sign on behalf of Authorized Person 2</i>			Full Name Of The Company You Represent:	
For CLC Use Only			Licence or registration type (tick one)	
Received Date			<input type="checkbox"/> IUTA <input type="checkbox"/> CUTA <input type="checkbox"/> Marketing Representative	
Received By			Contact telephone number:	
Receipt No/Reference No			Contact e-mail address:	

Part C (Suitability Assessment)

Section C.1: to be completed by the Authorized Person(s)

1. Product chosen: _____

2. Tick the applicable case below and proceed accordingly:

Case	Declaration	Tick the applicable case	Section(s) to complete
3(a)	The entity is a High Net-worth Entity (please attach latest audited financial reports) and we would like to opt out of the Suitability Assessment.	<input type="checkbox"/>	C.4
3(b)	The entity is a High Net-worth Entity (please attach latest audited financial reports) and we would like to complete the Suitability Assessment.	<input type="checkbox"/>	C.3 and C.4
3(c)	The entity is not a High Net-worth Entity. Please complete the Suitability Assessment.	<input type="checkbox"/>	C.3 and C.4

Section C.2: to be completed by the Suitability Assessment conductor (if any)

Are you a Capital Markets Services Representative's Licence (CMSRL) holder and authorized to distribute a CLC product?	
<input type="checkbox"/> No	You are not permitted to conduct the Suitability Assessment on the Entity.
<input type="checkbox"/> Yes	You are permitted to conduct the Suitability Assessment on the Entity.

Section C.3: to be completed by the Authorized Person(s) of the entity. This section is mandatory for entities that are not classified as a High Net-worth Entity.

There are general and specific risks associated with any investment, including but not limited to, market risk, currency risk, pricing risk, liquidity risk, fund-management risk, inflation risk and margin risk. The questionnaire below will help you understand your individual risk tolerance, which in turn will determine the level of your expected returns. In addition, it serves as a guide to establish the amount of advice CLC will provide.

THIS ASSESSMENT WILL BE USED TO DETERMINE YOUR INVESTMENT OBJECTIVES AND THE TYPE OF INVESTOR YOU ARE AND WILL ASSIST CLC IN MAKING INVESTMENT DECISIONS ON YOUR BEHALF. YOU ARE ADVISED TO UPDATE THIS PROFILE ANNUALLY OR WHEN CHANGES ARE NECESSARY, FAILING WHICH YOU AGREE THAT CLC MAY RELY ON THE LATEST ASSESSMENT RESULTS.

PLEASE CIRCLE ONE ANSWER PER QUESTION AND TOTAL UP YOUR SCORE TO DETERMINE YOUR RISK PROFILE.

Question	Score	Question	Score
1. Tell us your entity's investment experience: a. We know nothing at all. b. We have some investment knowledge in shares only. c. We are reasonably familiar with the basic types of investments, including unit trusts, bonds and shares. d. We are both knowledgeable and experienced in investing and I currently hold a broad range of investments.	0 1 3 5	6. If you purchased an investment and its value dropped by 20% after 3 months, but it looked like a good investment, you would: a. Buy more b. Hold c. Not sure d. Sell	15 10 6 2
2. Tell us your investment goals: a. Our money should be safe at all time. b. We want to earn a stable and regular stream of income. I can accept occasional losses as long as my money is sound. c. We are looking for a balance of capital growth and regular income. I am willing to accept a fair amount of investment risk. d. We are willing to take higher risk to achieve higher returns.	3 5 8 10	7. In a period of one year, how much of a drop in value of this investment could you tolerate before feeling uncomfortable? a. 0% - 10% b. 10% - 20% c. 20% - 30% d. Over 30%	2 6 10 15
3. What percentage of your entity's net worth do you expect this investment to represent? a. 1 - 20% b. 20 - 50% c. 50 - 70% d. 70 - 100%	5 3 1 0	8. Over the next 3-5 years, are you confident that your operating profit will meet most of your operating expenses? a. Not sure b. Not confident c. Confident d. Very confident	0 2 7 10
4. How would you describe your entity's investment style? a. Conservative b. Moderate c. Fairly aggressive d. Aggressive	2 5 8 10	9. How long do you expect to hold this investment? a. 1 - 3 years b. 4 - 7 years c. 8 - 10 years d. Above 10 years	0 6 8 10
5. What chance is there that you may need to withdraw most or all of this investment earlier than anticipated? a. Very low (under 25%) b. Low (under 25%) c. Medium (25% - 50%) d. High (over 50%)	10 8 4 0	10. What is your entity's last annual audited profit? a. More than RM1,000,000 b. RM500,000 - RM1,000,000 c. RM100,000 - RM500,000 d. RM100,000 or below	10 8 5 2
Total score: _____			

Product	Investor risk tolerance	Questionnaire score			
		26 or lower	27 – 40	41 – 69	70 or higher
Performa Core Growth and Income Fund	Moderate	Not suitable	Suitable	Suitable	Suitable
Performa Private Debt AUD Income Fund	Moderate	Not suitable	Not suitable	Suitable	Suitable
Performa Balanced Cross-Asset Fund	Fairly Aggressive	Not suitable	Not suitable	Suitable	Suitable
CLC Cross-Asset Strategic Alpha Fund	Aggressive	Not suitable	Not suitable	Not suitable	Suitable
Performa Digital Asset Fund	Aggressive	Not suitable	Not suitable	Not suitable	Suitable

Party to complete	
Suitability Assessment conductor	Is the product chosen by the Entity, named in Section C.1 above, recommended by the Suitability Assessment conductor? <input type="checkbox"/> Yes. Reason for recommending the product: <input type="checkbox"/> No. Reason for not recommending the product:
	Tick all: <input type="checkbox"/> The Suitability Assessment conductor has explained, and I/we have understood, the features and risks of the product. <input type="checkbox"/> The information I/we have disclosed is true, complete and accurate. <input type="checkbox"/> I/We have received, read and understood the Product Highlights Sheet for my/our chosen product named in Section C.1 above. <input type="checkbox"/> If I/we choose a product not recommended or not suitable to me/us, I/we agree to bear all consequences, responsibilities and liabilities for my/our choice.
Authorized Person(s)	

Section C.4: to be completed by (a) the Authorized Person(s) and (b) the Suitability Assessment conductor (if any)

Date:	Follow the signing mandate specified in Part A, question 17	
Suitability Assessment conductor:	First Authorized Person:	Second Authorized Person:
Full name: _____	Full name: _____	Full name: _____
CMSRL no.:		