



Application Form – Individual

This form is for one individual (“Applicant 1”) or two individuals (“Applicants 1 and 2”) 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, I/we shall not hold CLC liable for such recommendation and shall indemnify CLC against any and all loss incurred by CLC. Applicant 1: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree Applicant 2: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree																								
Specified Persons (mandatory)	2 Are you a Specified Person? Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No																								
FATCA self-certification (mandatory)	3 Which of the following is your U.S. tax residency status? 1. I am a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test). 2. I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship. 3. I am not a U.S. citizen or resident in the U.S. for tax purposes. Tick one category: Applicant 1: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Applicant 2: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
CRS self-certification (mandatory)	4 Applicant 1: Do you have any TIN? <input type="checkbox"/> No. Reason for no TIN: <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Yes. Declare all countries and/or territories where you are tax residents and the corresponding TINs, including Malaysia: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Country/Territory</th> <th style="width: 33%;">TIN</th> <th style="width: 33%;">TIN type</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Applicant 2: Do you have any TIN? <input type="checkbox"/> No. Reason for no TIN: <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Yes. Declare all countries and/or territories where you are tax residents and the corresponding TINs, including Malaysia: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Country/Territory</th> <th style="width: 33%;">TIN</th> <th style="width: 33%;">TIN type</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Country/Territory	TIN	TIN type										Country/Territory	TIN	TIN type									
Country/Territory	TIN	TIN type																							
Country/Territory	TIN	TIN type																							
Foreign exchange control self-certification (mandatory)	5 Are you a Resident Individual or Non-Resident Individual for foreign exchange control purposes? Applicant 1: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual Applicant 2: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual																								
	6 Do you have Domestic Ringgit Borrowing? Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable																								
	7 Which of the following sources of funds will you use to pay for your subscription? Select all applicable. A. Kept outside Malaysia in one or more currencies other than MYR or a Restricted Currency, and not proceeds of Export of Goods. B. Kept inside Malaysia in one or more currencies, including MYR. Applicant 1: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Not applicable Applicant 2: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Not applicable																								
	8 Will your type-B subscription cause your type-B aggregate investment in Foreign Currency Asset per calendar year to exceed its regulatory limit? Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable																								
	9 Do you have written approval from Bank Negara Malaysia for the limit breach above? Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable																								
	10 Based on your responses to questions 5 to 9 above, which of the following is your foreign exchange control classification? 1. Non-Resident Individual 2. Resident Individual without Domestic Ringgit Borrowing 3. Resident Individual with Domestic Ringgit Borrowing whose type-B subscription will not cause a regulatory limit breach 4. Resident Individual with Domestic Ringgit Borrowing whose type-B subscription will cause a regulatory limit breach approved by Bank Negara Malaysia 5. Resident Individual with Domestic Ringgit Borrowing whose type-B subscription will cause a regulatory limit breach not approved by Bank Negara Malaysia Applicant 1: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Applicant 2: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																								
Sophisticated Investor self-certification (mandatory)	11 Are you a Sophisticated Investor? Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No																								
	12 Which Sophisticated Investor category are you? Tick all applicable: Applicant 1: <input type="checkbox"/> HNW1 <input type="checkbox"/> HNW2 <input type="checkbox"/> HNW3 <input type="checkbox"/> HNW4 <input type="checkbox"/> HNW5 <input type="checkbox"/> HNW6 <input type="checkbox"/> HNW7 <input type="checkbox"/> HNW8 <input type="checkbox"/> AI3 <input type="checkbox"/> AI8 <input type="checkbox"/> HLI Applicant 2: <input type="checkbox"/> HNW1 <input type="checkbox"/> HNW2 <input type="checkbox"/> HNW3 <input type="checkbox"/> HNW4 <input type="checkbox"/> HNW5 <input type="checkbox"/> HNW6 <input type="checkbox"/> HNW7 <input type="checkbox"/> HNW8 <input type="checkbox"/> AI3 <input type="checkbox"/> AI8 <input type="checkbox"/> HLI <input type="checkbox"/> Not applicable																								

Section	Question																																								
	<p>13 Specify all license(s) and/or registration(s) recognized by the SC (if you are category A13):</p> <table border="1"> <thead> <tr> <th colspan="4">Applicant 1:</th> </tr> <tr> <th>Status</th> <th>Licensed by/Registered with</th> <th>License/Registration No.</th> <th>Expiry date (DD-MM-YYYY)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Licensed <input type="checkbox"/> Registered</td> <td><input type="checkbox"/> SC <input type="checkbox"/> FIMM <input checked="" type="checkbox"/> Other (specify):</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed <input type="checkbox"/> Registered</td> <td><input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed <input type="checkbox"/> Registered</td> <td><input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="4">Applicant 2:</th> </tr> <tr> <th>Status</th> <th>Licensed by/Registered with</th> <th>License/Registration No.</th> <th>Expiry date (DD-MM-YYYY)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Licensed <input type="checkbox"/> Registered</td> <td><input type="checkbox"/> SC <input checked="" type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed <input type="checkbox"/> Registered</td> <td><input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed <input type="checkbox"/> Registered</td> <td><input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):</td> <td></td> <td></td> </tr> </tbody> </table>	Applicant 1:				Status	Licensed by/Registered with	License/Registration No.	Expiry date (DD-MM-YYYY)	<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input checked="" type="checkbox"/> Other (specify):			<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):			<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):			Applicant 2:				Status	Licensed by/Registered with	License/Registration No.	Expiry date (DD-MM-YYYY)	<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input checked="" type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):			<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):			<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):		
Applicant 1:																																									
Status	Licensed by/Registered with	License/Registration No.	Expiry date (DD-MM-YYYY)																																						
<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input checked="" type="checkbox"/> Other (specify):																																								
<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):																																								
<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):																																								
Applicant 2:																																									
Status	Licensed by/Registered with	License/Registration No.	Expiry date (DD-MM-YYYY)																																						
<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input checked="" type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):																																								
<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):																																								
<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> SC <input type="checkbox"/> FIMM <input type="checkbox"/> Other (specify):																																								
	<p>14 Specify all position(s) recognized by the SC (if you are category A18):</p> <table border="1"> <thead> <tr> <th colspan="3">Applicant 1:</th> </tr> <tr> <th>Position</th> <th>Name of legal entity in which position is held</th> <th>Expiry date (DD-MM-YYYY)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> CEO <input type="checkbox"/> Director</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CEO <input type="checkbox"/> Director</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CEO <input type="checkbox"/> Director</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">Applicant 2:</th> </tr> <tr> <th>Position</th> <th>Name of legal entity in which position is held</th> <th>Expiry date (DD-MM-YYYY)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> CEO <input type="checkbox"/> Director</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CEO <input type="checkbox"/> Director</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CEO <input type="checkbox"/> Director</td> <td></td> <td></td> </tr> </tbody> </table>	Applicant 1:			Position	Name of legal entity in which position is held	Expiry date (DD-MM-YYYY)	<input type="checkbox"/> CEO <input type="checkbox"/> Director			<input type="checkbox"/> CEO <input type="checkbox"/> Director			<input type="checkbox"/> CEO <input type="checkbox"/> Director			Applicant 2:			Position	Name of legal entity in which position is held	Expiry date (DD-MM-YYYY)	<input type="checkbox"/> CEO <input type="checkbox"/> Director			<input type="checkbox"/> CEO <input type="checkbox"/> Director			<input type="checkbox"/> CEO <input type="checkbox"/> Director												
Applicant 1:																																									
Position	Name of legal entity in which position is held	Expiry date (DD-MM-YYYY)																																							
<input type="checkbox"/> CEO <input type="checkbox"/> Director																																									
<input type="checkbox"/> CEO <input type="checkbox"/> Director																																									
<input type="checkbox"/> CEO <input type="checkbox"/> Director																																									
Applicant 2:																																									
Position	Name of legal entity in which position is held	Expiry date (DD-MM-YYYY)																																							
<input type="checkbox"/> CEO <input type="checkbox"/> Director																																									
<input type="checkbox"/> CEO <input type="checkbox"/> Director																																									
<input type="checkbox"/> CEO <input type="checkbox"/> Director																																									
Relationships (mandatory in case of two Applicants)	15 Describe the relationships between Applicants. These include, but are not limited to, family, clan, personal, religious, ideological, professional, business, political and legal relationships.																																								
Ownership (mandatory)	16 What is your ownership status in relation to the Investor Account you are applying for and your expected investment with CLC? Applicant 1: <input type="checkbox"/> Legal Owner <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Legal and Beneficial Owner Applicant 2: <input type="checkbox"/> Legal Owner <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Legal and Beneficial Owner																																								
Signing mandate (mandatory)	17 Specify the signing mandate for the Investor Account you are applying for. <input type="checkbox"/> Only Applicant 1 can sign <input type="checkbox"/> Either Applicant can sign <input type="checkbox"/> All Applicants must sign																																								
Investor servicing option (mandatory)	18 Are you subscribing to this Fund through your servicing financial planner or MR? <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																																								

Section	Question	Applicant 1	Applicant 2
Identification (mandatory)	19 Photo ID type	Malaysian: <input type="checkbox"/> NRIC Non-Malaysian: <input type="checkbox"/> Passport <input type="checkbox"/> National identity card <input type="checkbox"/> Driving license <input type="checkbox"/> Other government-issued ID (specify):	Malaysian: <input type="checkbox"/> NRIC Non-Malaysian: <input type="checkbox"/> Passport <input type="checkbox"/> National identity card <input type="checkbox"/> Driving license <input type="checkbox"/> Other government-issued ID (specify):
	20 Photo ID number		
	21 Old IC no. (if Malaysian), if applicable		
	22 Photo ID issuance date, if non-Malaysian (DD-MM-YYYY)		
	23 Photo ID expiry date, if non-Malaysian (DD-MM-YYYY)		
	24 Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mdm. <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mdm. <input type="checkbox"/> Other (specify):
	25 Full name as per photo ID		
	26 Surname or family name		
27 Other formal and informal names and aliases you are known by, in their corresponding languages and customary orders, underline any surname			

Section	Question	Applicant 1	Applicant 2
	28 Country/Territory of citizenship		
	29 Are you a Bumiputera?	For Malaysian: <input type="checkbox"/> Yes <input type="checkbox"/> No For Non-Malaysian: <input type="checkbox"/> Not applicable	For Malaysian: <input type="checkbox"/> Yes <input type="checkbox"/> No For Non-Malaysian: <input type="checkbox"/> Not applicable
	30 Race		
	31 Religion		
	32 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	33 Date of birth (DD-MM-YYYY)		
	34 Country of birth		
	35 Place of birth within country of birth		
	36 Highest educational attainment (tick one)	<input type="checkbox"/> SPM/STPM/Matriculation/UEC-SML or below <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional/Trade qualification <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> SPM/STPM/Matriculation/UEC-SML or below <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional/Trade qualification <input type="checkbox"/> Other (specify): _____
Contact information (mandatory)	37 Main residential address		
	38 Mailing address	Tick one: <input type="checkbox"/> Same as main residential address <input type="checkbox"/> Other (specify): _____	Tick one: <input type="checkbox"/> Same as main residential address <input type="checkbox"/> Other (specify): _____
	39 E-mail address (mandatory)		
	40 Mobile telephone number (mandatory)		
	41 Optional telephone number	Home: Office:	Home: Office:
Financial means (mandatory)	42 Ownership of main residence	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other (specify): _____
	43 Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (specify): _____
	44 Number of dependent(s)	Adult(s): _____ Minor(s): _____	Adult(s): _____ Minor(s): _____
	45 Employment status (tick all applicable)	<input type="checkbox"/> Salaried employee <input type="checkbox"/> Self-employed/Free-lance <input type="checkbox"/> Homemaker/Housewife <input type="checkbox"/> Student <input type="checkbox"/> Unemployed/Out of labour force <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Salaried employee <input type="checkbox"/> Self-employed/Free-lance <input type="checkbox"/> Homemaker/Housewife <input type="checkbox"/> Student <input type="checkbox"/> Unemployed/Out of labour force <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify): _____
	46 Main source(s) of wealth (tick all applicable)	<input type="checkbox"/> Salary <input type="checkbox"/> Gift <input type="checkbox"/> Commission <input type="checkbox"/> Allowance <input type="checkbox"/> Existing investments <input type="checkbox"/> Land/Property ownership <input type="checkbox"/> Business income <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Salary <input type="checkbox"/> Gift <input type="checkbox"/> Commission <input type="checkbox"/> Allowance <input type="checkbox"/> Existing investments <input type="checkbox"/> Land/Property ownership <input type="checkbox"/> Business income <input type="checkbox"/> Other (specify): _____
	47 Estimated gross annual income in the preceding 12 months	Self (tick one): <input type="checkbox"/> Over RM300,000 <input type="checkbox"/> RM300,000 or less Self and spouse combined (tick one): <input type="checkbox"/> Over RM400,000 <input type="checkbox"/> RM400,000 or less	Self (tick one): <input type="checkbox"/> Over RM300,000 <input type="checkbox"/> RM300,000 or less Self and spouse combined (tick one): <input type="checkbox"/> Over RM400,000 <input type="checkbox"/> RM400,000 or less
	48 Estimated net worth, excluding value of main residence	Self (tick one): <input type="checkbox"/> Over RM3 million <input type="checkbox"/> RM3 million or less Self and spouse combined (tick one): <input type="checkbox"/> Over RM3 million <input type="checkbox"/> RM3 million or less	Self (tick one): <input type="checkbox"/> Over RM3 million <input type="checkbox"/> RM3 million or less Self and spouse combined (tick one): <input type="checkbox"/> Over RM3 million <input type="checkbox"/> RM3 million or less
49 Estimated net value of existing investments in capital market products	Self (tick one): <input type="checkbox"/> Over RM1 million <input type="checkbox"/> RM1 million or less Self and spouse combined (tick one): <input type="checkbox"/> Over RM1 million <input type="checkbox"/> RM1 million or less	Self (tick one): <input type="checkbox"/> Over RM1 million <input type="checkbox"/> RM1 million or less Self and spouse combined (tick one): <input type="checkbox"/> Over RM1 million <input type="checkbox"/> RM1 million or less	

Section	Question	Applicant 1	Applicant 2							
Investment purpose(s) and funding means (mandatory)	50 Purpose(s) of investment (tick all applicable)	<input type="checkbox"/> Build retirement fund <input type="checkbox"/> Build education fund <input type="checkbox"/> Build savings <input type="checkbox"/> Diversify investment portfolio <input type="checkbox"/> Generate regular income <input type="checkbox"/> Capital growth <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Build retirement fund <input type="checkbox"/> Build education fund <input type="checkbox"/> Build savings <input type="checkbox"/> Diversify investment portfolio <input type="checkbox"/> Generate regular income <input type="checkbox"/> Capital growth <input type="checkbox"/> Other (specify): _____							
	51 Source(s) of funds to fund investment (tick all applicable)	<input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Savings/Pension <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Allowance <input type="checkbox"/> Cash <input type="checkbox"/> Sell land/property <input type="checkbox"/> Business income <input type="checkbox"/> Sell existing investment(s) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Savings/Pension <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Allowance <input type="checkbox"/> Cash <input type="checkbox"/> Sell land/property <input type="checkbox"/> Business income <input type="checkbox"/> Sell existing investment(s) <input type="checkbox"/> Other (specify): _____							
Employment or self-employment details (mandatory if you are employed or self-employed)	52 Describe what you do in your job/business									
	53 Job/position title									
	54 Full name of your department (if applicable)									
	55 Legal entity type of your employer/business (if applicable). Tick one.	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Foreign Company <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Foreign Company <input type="checkbox"/> Other (specify): _____							
	56 Business registration number of your employer/business (if applicable)									
	57 Full name of your employer/business									
	58 Office address									
	59 Office telephone number									
	60 Is your occupation/business cash-intensive?	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Risk profiling (mandatory)	61 Nature of your occupation/business (tick all applicable):	<table border="0"> <tr> <td>Applicant 1</td> <td>Applicant 2</td> <td>Applicant 2</td> </tr> <tr> <td> <input type="checkbox"/> Accountants <input type="checkbox"/> Automotive and automotive parts businesses <input type="checkbox"/> Charities/non-profit organisations <input type="checkbox"/> Company secretaries/company incorporation agents <input type="checkbox"/> Forwarders and transport providers <input type="checkbox"/> Gambling/Betting/Gaming-related operators <input type="checkbox"/> Investment holding companies <input type="checkbox"/> Leisure and entertainment businesses <input type="checkbox"/> Property developers/Construction business <input type="checkbox"/> Recycling and scrap metal dealers <input type="checkbox"/> Timber and forestry <input type="checkbox"/> Used car business </td> <td> <input type="checkbox"/> Agricultural <input type="checkbox"/> Brokers and dealers <input type="checkbox"/> Civil servants <input type="checkbox"/> Enforcement agency officers <input type="checkbox"/> Fishery <input type="checkbox"/> Goldsmiths and jewelry shops <input type="checkbox"/> Lawyers <input type="checkbox"/> Money service business <input type="checkbox"/> Pawnshops <input type="checkbox"/> Religious bodies <input type="checkbox"/> Travel agencies <input type="checkbox"/> Other (specify): _____ </td> <td> <input type="checkbox"/> Auctioneers <input type="checkbox"/> Casinos <input type="checkbox"/> e-Commerce <input type="checkbox"/> Engineering <input type="checkbox"/> Gem and precious metal dealers <input type="checkbox"/> Import-export business <input type="checkbox"/> Money lenders <input type="checkbox"/> Oil and gas <input type="checkbox"/> Real estate business <input type="checkbox"/> Senior government officials <input type="checkbox"/> Trustees </td> </tr> </table>	Applicant 1	Applicant 2	Applicant 2	<input type="checkbox"/> Accountants <input type="checkbox"/> Automotive and automotive parts businesses <input type="checkbox"/> Charities/non-profit organisations <input type="checkbox"/> Company secretaries/company incorporation agents <input type="checkbox"/> Forwarders and transport providers <input type="checkbox"/> Gambling/Betting/Gaming-related operators <input type="checkbox"/> Investment holding companies <input type="checkbox"/> Leisure and entertainment businesses <input type="checkbox"/> Property developers/Construction business <input type="checkbox"/> Recycling and scrap metal dealers <input type="checkbox"/> Timber and forestry <input type="checkbox"/> Used car business	<input type="checkbox"/> Agricultural <input type="checkbox"/> Brokers and dealers <input type="checkbox"/> Civil servants <input type="checkbox"/> Enforcement agency officers <input type="checkbox"/> Fishery <input type="checkbox"/> Goldsmiths and jewelry shops <input type="checkbox"/> Lawyers <input type="checkbox"/> Money service business <input type="checkbox"/> Pawnshops <input type="checkbox"/> Religious bodies <input type="checkbox"/> Travel agencies <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Auctioneers <input type="checkbox"/> Casinos <input type="checkbox"/> e-Commerce <input type="checkbox"/> Engineering <input type="checkbox"/> Gem and precious metal dealers <input type="checkbox"/> Import-export business <input type="checkbox"/> Money lenders <input type="checkbox"/> Oil and gas <input type="checkbox"/> Real estate business <input type="checkbox"/> Senior government officials <input type="checkbox"/> Trustees		
	Applicant 1	Applicant 2	Applicant 2							
<input type="checkbox"/> Accountants <input type="checkbox"/> Automotive and automotive parts businesses <input type="checkbox"/> Charities/non-profit organisations <input type="checkbox"/> Company secretaries/company incorporation agents <input type="checkbox"/> Forwarders and transport providers <input type="checkbox"/> Gambling/Betting/Gaming-related operators <input type="checkbox"/> Investment holding companies <input type="checkbox"/> Leisure and entertainment businesses <input type="checkbox"/> Property developers/Construction business <input type="checkbox"/> Recycling and scrap metal dealers <input type="checkbox"/> Timber and forestry <input type="checkbox"/> Used car business	<input type="checkbox"/> Agricultural <input type="checkbox"/> Brokers and dealers <input type="checkbox"/> Civil servants <input type="checkbox"/> Enforcement agency officers <input type="checkbox"/> Fishery <input type="checkbox"/> Goldsmiths and jewelry shops <input type="checkbox"/> Lawyers <input type="checkbox"/> Money service business <input type="checkbox"/> Pawnshops <input type="checkbox"/> Religious bodies <input type="checkbox"/> Travel agencies <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Auctioneers <input type="checkbox"/> Casinos <input type="checkbox"/> e-Commerce <input type="checkbox"/> Engineering <input type="checkbox"/> Gem and precious metal dealers <input type="checkbox"/> Import-export business <input type="checkbox"/> Money lenders <input type="checkbox"/> Oil and gas <input type="checkbox"/> Real estate business <input type="checkbox"/> Senior government officials <input type="checkbox"/> Trustees								
62 What is your PEP status? Tick all applicable.	<input type="checkbox"/> A. Past/Current/Upcoming PEP <input type="checkbox"/> B. Family Member of A above <input type="checkbox"/> C. Close Associate of A above <input type="checkbox"/> D. None of the above	<input type="checkbox"/> A. Past/Current/Upcoming PEP <input type="checkbox"/> B. Family Member of A above <input type="checkbox"/> C. Close Associate of A above <input type="checkbox"/> D. None of the above								
63 Declare the PEP(s) concerned above, if any:	Applicant 1:									
	Relationship with PEP	PEP's full name (if not self)	PEP's position	PEP's organization	Country/Territory of PEP's organization	Time PEP's position ended (if past PEP)				
	Applicant 2:									
	Relationship with PEP	PEP's full name (if not self)	PEP's position	PEP's organization	Country/Territory of PEP's organization	Time PEP's position ended (if past PEP)				

Section	Question	Applicant 1	Applicant 2																											
	64 Has any of your past application with any financial organization been rejected, closed or suspended for money laundering, terrorism financing, breach of foreign exchange control regulations, tax evasion or any other issue?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)																											
	65 Have you engaged in any criminal activity and/or been arrested, investigated, prosecuted and/or convicted for any crime?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)																											
	66 Have you been involved in any civil litigation suit that is material to this application, including bankruptcy or winding-up proceedings?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)																											
	67 Have you been involved in any regulatory breach?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)																											
	68 Are you currently under investigation or enforcement action by any enforcement or regulatory authority?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)																											
	69 Are you related to any owner, director, employee, representative or contractor of CLC?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <table border="1"> <thead> <tr> <th>Relationship</th> <th>CLC person's full name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Relationship	CLC person's full name					Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <table border="1"> <thead> <tr> <th>Relationship</th> <th>CLC person's full name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Relationship	CLC person's full name																			
Relationship	CLC person's full name																													
Relationship	CLC person's full name																													
	70 Do you know of any relative who has an Investor Account with CLC?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <table border="1"> <thead> <tr> <th>Relationship</th> <th>Relative's full name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Relationship	Relative's full name					Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <table border="1"> <thead> <tr> <th>Relationship</th> <th>Relative's full name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Relationship	Relative's full name																			
Relationship	Relative's full name																													
Relationship	Relative's full name																													
	71 Are you a director or a shareholder of a registered company that has an Investor Account with CLC?	Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <table border="1"> <thead> <tr> <th>Company's full name</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Company's full name			Tick one: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <table border="1"> <thead> <tr> <th>Company's full name</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Company's full name																							
Company's full name																														
Company's full name																														
Pre-registrati on of bank account(s) for sending subscription payments and receiving redemption proceeds (mandatory for Applicant 1)	72	<table border="1"> <thead> <tr> <th colspan="3">Applicant 1:</th> </tr> <tr> <th> </th> <th>First bank account for subscription (mandatory)</th> <th>Bank account for redemption (mandatory)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>Is it also a bank account for subscription? <input type="checkbox"/> Yes: same as <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> No: specify below</td> </tr> <tr> <td>Full Name Of The Other Account Holder (If Joint Account)</td> <td> </td> <td> </td> </tr> <tr> <td>Formal Bank Name As Per Business Registration</td> <td> </td> <td> </td> </tr> <tr> <td>Bank SWIFT Code</td> <td> </td> <td> </td> </tr> <tr> <td>Account Number</td> <td> </td> <td> </td> </tr> <tr> <td>Bank Country</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>		Applicant 1:				First bank account for subscription (mandatory)	Bank account for redemption (mandatory)			Is it also a bank account for subscription? <input type="checkbox"/> Yes: same as <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> No: specify below	Full Name Of The Other Account Holder (If Joint Account)			Formal Bank Name As Per Business Registration			Bank SWIFT Code			Account Number			Bank Country			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
Applicant 1:																														
	First bank account for subscription (mandatory)	Bank account for redemption (mandatory)																												
		Is it also a bank account for subscription? <input type="checkbox"/> Yes: same as <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> No: specify below																												
Full Name Of The Other Account Holder (If Joint Account)																														
Formal Bank Name As Per Business Registration																														
Bank SWIFT Code																														
Account Number																														
Bank Country																														
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 up this section ONLY if investing in CLC Performa Private Debt AUD Income Fund (PPDAIF) AND opting	73	<p>The Bank Account for Dividend Payouts must be in MYR Currency</p> <p><input type="checkbox"/> Same as Bank Account for Subscription <input type="checkbox"/> Same as Bank Account for Redemption <input type="checkbox"/> No: specify below</p> <table border="1"> <tbody> <tr> <td>Full Name of Main Account Holder</td> <td> </td> </tr> <tr> <td>Full Name of Joint Account Holder</td> <td> </td> </tr> <tr> <td>Formal Bank Name</td> <td> </td> </tr> <tr> <td>Account Number</td> <td> </td> </tr> </tbody> </table>		Full Name of Main Account Holder		Full Name of Joint Account Holder		Formal Bank Name		Account Number																				
Full Name of Main Account Holder																														
Full Name of Joint Account Holder																														
Formal Bank Name																														
Account Number																														

Section	Question	Applicant 1	Applicant 2
for dividend payouts	Account Currency	MYR	

Part B

Declarations and application/specimen signatures (mandatory)			
<p>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.</p> <p>2. I am/We are not (a) a Specified Person/Specified Persons; (b) planning to send, or receive, payments in a Restricted Currency; or (c) planning to use a Specified Person as a payment service provider to send, or receive, payments. I/We accept full responsibility for satisfying these restrictions. If any of the restrictions is violated, I/we undertake to inform CLC immediately.</p> <p>3. 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.</p> <p>4. 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</p> <p>(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</p> <p>(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.</p> <p>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.</p> <p>5. 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.</p> <p>6. I/we agree that negligible amounts of bank interest generated in client collection accounts when funds are being transferred to/from between clients and the respective funds' trust accounts will be forfeited.</p> <p>7. I/We accept that CLC has the absolute discretion to suspend or reject my/our application without providing any reason.</p>			
	Applicant 1	Applicant 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)			
Note: If Applicant 2 is a minor, Applicant 1 will sign on behalf of Applicant 2			Full Name Of The Company You Represent:
For CLC Use Only			
Received Date			Licence or registration type (tick one) <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 signatory(ies)

1. Product chosen: _____

2. Tick the applicable case below and proceed accordingly:

Case	Authorized signatory as specified in Part A, question 17	Is every authorized signatory an Accredited Investor (category AI3 or AI8 in Part A, question 12)?	Tick the applicable case	Go to:
2(a)	Applicant 1 only	Yes	<input type="checkbox"/>	Section C.4
2(b)	Applicant 1 only	No	<input type="checkbox"/>	3 in this Section
2(c)	Applicants 1 and 2	Yes	<input type="checkbox"/>	Section C.4
2(d)	Applicants 1 and 2	No	<input type="checkbox"/>	3 in this Section

3. Tick the applicable case below and proceed accordingly:

Case	Declaration	Tick the applicable case	Section(s) to complete
------	-------------	--------------------------	------------------------

3(a)	All authorized signatory(ies) agree to complete this Suitability Assessment.	<input type="checkbox"/>	C.3 and C.4
3(b)	One of the two authorized signatories (i) declines to complete this Suitability Assessment; (ii) agrees to bear all consequences, responsibilities and liabilities for choosing the product named in 1 above; and (iii) has received, read and understood the Product Highlights Sheet for the said product.	<input type="checkbox"/>	C.3 and C.4
3(c)	All authorized signatory(ies) (i) decline to complete this Suitability Assessment; (ii) agree to bear all consequences, responsibilities and liabilities for choosing the product named in 1 above; and (iii) have received, read and understood the Product Highlights Sheet for the said product.	<input type="checkbox"/>	C4

Section C.2: to be completed by the Suitability Assessment conductor

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 authorized signatory(ies).
<input type="checkbox"/> Yes	You are permitted to conduct the Suitability Assessment on the authorized signatory(ies).

Section C.3

To be completed by (a) an authorized signatory who is NOT an Accredited Investor and who has agreed in Section C.1 above to complete this Suitability Assessment and (b) the Suitability Assessment conductor. An authorized signatory who is an Accredited Investor is NOT required to complete this section.

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	First Authorized Signatory	Second Authorized Signatory	Question	First Authorized Signatory	Second Authorized Signatory
1. Tell us your investment experience: a. I know nothing at all. b. I have some investment knowledge in shares only. c. I am reasonably familiar with the basic types of investments, including unit trusts, bonds and shares. d. I am both knowledgeable and experienced in investing and I currently hold a broad range of investments.	0 1 3 5	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	15 10 6 2
2. Tell us your investment goals: a. My money should be safe at all time. b. I want to earn a stable and regular stream of income. I can accept occasional losses as long as my money is sound. c. I am looking for a balance of capital growth and regular income. I am willing to accept a fair amount of investment risk. d. I am willing to take higher risk to achieve higher returns.	3 5 8 10	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	2 6 10 15
3. What percentage of your 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	5 3 1 0	8. Over the next 3-5 years, are you confident that your income will meet most of your ongoing expenses? a. Not sure b. Not confident c. Confident d. Very confident	0 2 7 10	0 2 7 10
4. How would you describe your investment style? a. Conservative b. Moderate c. Fairy aggressive d. Aggressive	2 5 8 10	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	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 8 4 0	10. Tell us your age: a. Under 30 b. 30 – 39 c. 40 – 54 d. 55 and over	10 8 5 2	10 8 5 2
Total score for First Authorized Signatory: _____		Total score for Second Authorized Signatory: _____			

Party to complete	
Suitability Assessment conductor	Is the product chosen by the authorized signatory(ies), 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:
Authorized signatory(ies)	Tick all: <ul style="list-style-type: none"> <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 to me/us, I/we agree to bear all consequences, responsibilities and liabilities for my/our choice.

Section C.4: to be completed by (a) the authorized signatory(ies) and (b) the Suitability Assessment conductor

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