

Corporate Investor e-Services

Application Form

IMPORTANT: 1. Please complete in CAPITAL LETTERS and BLACK INK only, and tick 🖂 where applicable. Any alterations made must be countersigned.

You are required to provide us with your latest details to avoid disruption in the online services that is offered on our online portal. These services include the viewing of Account holdings and Account details, generating of Statement of Account, tax advices, and creating and verifying online transaction applications.

ACCOUNT DETAILS	
Name of Corporation (as per Certificate of Incorporation)	
Certificate of Incorporation No. ALL Accounts DPM NDPM UTF Account	No.
AUTHORISED PERSON (1)	
Instruction Select one only	Status Leave blank if not applicable
Add New Authorised Person Remove Existing Authorised Person	Assign as Default Authorised Person Remove Default Authorised Person
Update Authorised Person's Information	
Name of Authorised Person	Designation
Office No.	
Mobile (
Email	
AUTHORISED PERSON (2)	
Instruction Select one only	Status Leave blank if not applicable
Add New Authorised Person	Assign as Default Authorised Person
Remove Existing Authorised Person	Remove Default Authorised Person
Update Authorised Person's Information	
Name of Authorised Person	Designation
Office No. Ext.	
Mobile () Country Code	
Email	
Note: 1. Each account requires One (1) default authorised person. You are required to provide details of the	e new default authorised person if you intend to remove your original default authorised person

2. Contact your Portfolio Manager, or our Customer Care Consultant at Toll Free Number 1-800-88-7080 if you have any enguiries on your investment information.

3. An Authorised Person would have access to feature within the online portal, including but not limited to, viewing of Account holdings, Account details, generating the Statement of Account, generating transaction advices, and creating transaction applications on behalf of the Company for the Authorised Signatories to verify. The information presented in AIIMAN online portal is for reference purposes, and is provided without prejudice.

4. You are required to complete all the fields within this form.

5. The Login credentials will be sent to the Authorised Person(s) via the email registered in this Form within five (5) business days from the day AIIMAN receives the completed 'Corporate Investor e-Services Form' (the Form).

AUTHORISED SIGNATORY (1)		
Update of Infor	mation	
Name of Authorised	Signatory	
NRIC / Passport No.		
Email		
AUTHORISED SI	GNATORY (2)	
Update of Infor	mation	
Name of Authorised	Signatory	
NRIC / Passport No.		
Email		
AUTHORISED SI	GNATORY (3)	
Update of Infor	mation	
Name of Authorised	Signatory	
NRIC / Passport No.		
Email		
AUTHORISED SI	GNATORY (4)	
Update of Information		
Name of Authorised	Signatory	
NRIC / Passport No.		
Email		
AUTHORISED SI	GNATORY (5)	
Update of Infor	mation	
Name of Authorised	Signatory	
NRIC / Passport No.		
Email		
Note: 1. The Authorised Signator	y(ies) may utilise the Form to update their contact information.	

2. Please note that this Form cannot be used for updating of Authorised Signatory(ies).

3. By updating their email address, the Authorised Signatory(ies) will also be able to authorise online transaction applications.

4. Any inclusion, or removal of the Authorised Signatory(ies) within the Corporation will have to be made informed to AIIMAN via a Board Resolution by the Corporation.

5. You agree that AIIMAN shall not be responsible or liable to check, confirm and/or verify the authenticity of the signatures, not the respective Authorised Signatory's authority to sign, regardless of whether it is signed electronically or otherwise.

ACKNOWLEDGEMENT

We hereby authorise AIIMAN Asset Management Sdn Bhd ("AIIMAN"), to allow the above named Authorised Person(s) to access our company's investment information via AIIMAN's online portal for the purpose indicated in this Form. We acknowledge and agree that any changes, addition and / or removal of Authorised Person(s) must be done in writing to AIIMAN.

We will take full responsibility and agree not to hold AIIMAN liable for whatever losses and / or damages suffered by us as a result of AIIMAN complying with the change request we have made via this Form.



Affix Seal or Company Stamp Here

FOR AIIMAN OFFICE USE ONLY		
Form Verified By:	Processed By:	
Name:	Name:	
Branch:	Date:	
Date:		