

Individual Investor

In accordance with the Cap thereto (if any). You shoul												
IMPORTANT: Please	complete in (CAPITAL L	ETTERS and	BLACK INK onl	y, and tick	√ where	applicable.	Any altera	ations ma	ide must be	counter	signed.
Account Type	Single	Join	nt				Produ	ct 🗌 D	PM	NDPN	1	
Account No. / Port	folio Code					-		U.	TF (Casł	h / EPF Pla	an)	
DETAILS OF FIRST APPLICANT												
Salutation					Date	of Birth			E	EPF No.		
					D) / M	MIN	YYY	Y			
Full Name (as per	NRIC / Pas	sport / C	Others)									
Staff No.		Th	nis field is only fo	or AllMAN Employ	/ees							
Nationality	Malaysian	N	on-Malaysia	n, please spe	cify							
NRIC No.		-	-		Pass	port No.						
Other No.					Ger	der	Male	2	Female	9		
Note: Please provide	a copy of NRIC ,	/ Passport /	Other for our v	erification purpos	e.							
Permanent Addre	ss (as per N	IRIC / Pa	ssport / Oth	iers)								
Town / City									Post	tcode		
State												
Country												
Correspondence /	Address (if (different	from the ab	ove)								
Town / City									Post	tcode		
State									1			
Country												
Contact Details												
Mobile ()				Office					Ext.		
Country	Code				Fax							I
House												
Email												
By completing the e	mail field abo	ve, you wi	ill receive stat	ements, annual	and / or in	terim repo	orts, and ot	her inform	ation fro	m us via em	ail only.	
Race	Malay		Chines	se	Indi	an		Other, ple	ase spec	cify		
Status	Bumi		Non-B	umi								

Name of your	Employer or Business
Address of yo	ur Employer or Business
Town / City	Postcode
State	
Country	
Nature of Bus	iness A If A18-None of the above, please specify For Nature of Business code, please refer to the Appendix page.
Are vou or an	y of your family member(s) a Politically Exposed Person ("PEP")*?
-	specify the position of the PEP and the organisation:
If you are not	the PEP, please state the full name of the above family member and your relationship with the PEP:
*Politically Expose • a person who is o	d Person means: or has been entrusted domestically or internationally with prominent public functions, for example Head of State or of government, senior politician, senior governm
judicial or militar	y official, senior executive of state owned corporation, important political party official; or by the senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management, i.e. director, deputy director, and memory of senior management and senior management.
of the board or e or adopted pare	quivalent 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 / sibli nts / child).
Note: Please ref	er to Clause 3 of the 'Account Opening - Terms and Conditions' for the list of documents to be provided to support your answer above.
DETAILS C	OF JOINT APPLICANT
Salutation	Date of Birth
Full Name (as	; per NRIC / Passport / Others)
	· · · · ·
Staff No.	This field is only for AIIMAN Employees
Nationality	Malaysian Non-Malaysian, please specify
NRIC No.	Passport No.
Other No.	Gender Male Female
Note: Please pro	wide a copy of NRIC / Passport / Other for our verification purpose.
Race	Malay Chinese Indian Other, please specify
Race	
Status	Bumi Non-Bumi
Contact Detai	
Mobile (Email
	htry Code
Parent / 0	With First Applicant Child Spouse Sibling Relative Other, please specify
	Employer or Business
Addross of vo	ur Employer er Pusiness
Address of yo	our Employer or Business
Town / City	Postcode
State	
Country	

 Nature of Business
 A
 If A18-None of the above, please specify

For Nature of Business code, please refer to the Appendix page.

If Yes, please specify the position of the PEP and the organisation:

If you are not the PEP, please state the full name of the above family member and your relationship with the PEP:

*Politically Exposed Person means:

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

٠	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).

Note: Please refer to Clause 3 of the 'Account Opening - Terms and Conditions' for the list of documents to be provided to support your answer above.

BANK ACCOUNT DETAILS - MYR Class Fund Only (For crediting of Income Distribution & Repurchase proceeds / Withdrawal payments)

Bank Account Name																											
Validation ID																											
Bank Account No.																											
Bank Name																											
Remittance Information (if applicable)																											
 Note: 1. Only one default account will be maintained for in our record, if any. 2. Payment to a third party is strictly prohibite 3. The Validation ID refers to the identification first account holder). Should this field be lef 	d. docum	nent	NRI	C No	. / Pa:	sspor	rt No.	/ Ot	her)	of th	e bar	nk ac	cour	t hold	der (in joi	nt b	ank	acci	ount	ts, the	e Val	idatio	on ID	refer	s to	the
BANK ACCOUNT DETAILS - Foreig (For crediting of Income Distribut										Wi	thd	Irav	val	pay	me	ent	s)										
Bank Account Name																											
Validation ID																											
Bank Account No.																											
Bank Name																											
Bank Swift Code / Bank Code																											
Remittance Information (if applicable)																											
Bank Account Currency																											
Intermediary Bank Details (if applicable)																											
Intermediary Bank Name																											
Intermediary Bank Branch																											
Intermediary Bank Swift Code / Bank Code	e 🗌																										
Intermediary Bank Account No.																											
Note: 1. Only one foreign bank account per foreign of account no. in our record, if any. 2. For transactions involving different currenci																	,										

Por transactions involving university contents offer than the fund currency, any bank charges / conversion fees will be borne by the investor (kindly refer to clause 6.4 of the 'Account Opening - Terms and Conditions').
 Payment to a third party is strictly prohibited.
 The Validation ID refers to the identification document (NRIC No. / Passport No. / Other) of the bank account holder (In joint bank accounts, the Validation ID refers to the first account holder). Should this field be left unfilled, the NRIC No. / Passport No. / Other entered in the First / Joint Applicant section of this form will be used instead.

No

Yes

POWER TO SI	GN			
Power to Sign	First Applicant to Sig	Either One to Sign	Both to Sign	

DECLARATION AND SIGNATURE(S)

I/We hereby agree and acknowledge the terms and conditions contained in the Terms and Conditions for Account Opening and further warrant and represent to AllMAN Asset Management Sdn Bhd ("AllMAN") that I/We have read, understood and accept the contents of the relevant Prospectus, Information Memorandum, Disclosure Document, and any supplemental and / or replacement thereto (if any) prior to me / us completing this form and agree to be bound by them for my initial and subsequent transactions with AllMAN.

I/We acknowledge that I/we am/are aware of the fees and charges that I/we will incur directly and indirectly when investing in the relevant fund, and such fees and charges are exclusive (if applicable).

I/We acknowledge that I/we have received a copy of the Unit Trust Loan Financing Risk Disclosure Statement and understood its contents.

I / We hereby agree to indemnify AIIMAN against all actions, suits, proceedings, claims, damages, and losses which may be suffered by AIIMAN as a result of any inaccuracy of declarations herein.

Signature of First Applicant Date:	Signature of Joint Applicant Date:	
COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC)	FOR OFFICE USE ONLY	
Name (as per NRIC)	Form Verified By:	Processed By:
	Name:	Name:
	Branch:	Date:
UTC Code	Date:	