AMANAH SAHAM SARAWAK BERHAD

INDIVIDUAL INVESTOR

assar@assar.com.my

019-3461433

082-231433

082-232596

<table>
<tr><th colspan="3">CHECKLIST – DOCUMENTS REQUIRED</th></tr>
<tr><td rowspan="4">Individual / Joint Account</td><th>No</th><th>Document</th></tr>
<tr><td>1</td><td>Account Opening
• ASSAR Application Form
• Investor Suitability Assessment Form</td></tr>
<tr><td>2</td><td>Photocopy of NRIC
• Front and back on the same page</td></tr>
<tr><td>3</td><td>Photocopy of Joint Holder’s NRIC
• Front and back on the same page and
• Photocopy of Joint Holder’s birth certificate / MyKid</td></tr>
</table>

INVESTMENT PAYMENT POLICIES

- ✓ Cash payments for investment purposes are strictly prohibited.
- ✓ Cash deposits via CDM are not allowed.
- ✓ Third-party deposits into an investor's account are not accepted.
- ✓ All investments must be made via non-cash methods as below:
  - a) EFT/IBG,
  - b) RHB DuitNow QR,
  - c) SPAY Global,
  - d) Cheque/Bank Draft payable to:
    “Amanah Saham Sarawak Trust Account” (RHB Bank Account No: 2-11212-0003137-9)

NOTES & GUIDE

- All onboarding applications for individual investor **must be conducted through face-to-face interaction.**
- All duly completed application forms for application of unit for existing investor must be **delivered or mailed** to the following address:

Operations Department
Amanah Saham Sarawak Berhad
Lot 357, Section KTLD, Jalan Satok
93400 Kuching, Sarawak

<table>
<tr><th colspan="3">CHECKLIST – DOCUMENTS REQUIRED</th></tr>
<tr><td rowspan="3">EPF Account</td><th>No</th><th>Document</th></tr>
<tr><td>1</td><td>Account Opening
• Borang KWSP 9N (AHL)
• ASSAR Application Form
• Investor Suitability Assessment Form</td></tr>
<tr><td>2</td><td>Photocopy of NRIC
• Front and back on the same page
• Original Sighted / Certified True Copy
• Please stamp “FOR EPF USE ONLY”</td></tr>
</table>

DISCLAIMER

Investors are strongly advised to read and fully understand the prospectus and product highlight sheet before making any investment decisions. Investors are advised to consider the fees and charges involved before investing and consult their licensed financial or other professional advisors if in doubt about any feature or nature of the fund. Please note that the price of units and any dividends payable may fluctuate. Additionally, the past performance of a fund is not indicative of future outcomes.

AMANAH SAHAM SARAWAK

Diuruskan Oleh:
Amanah Saham Sarawak Berhad ("ASSB") - Co. No.: 199301005429 (260166-D)
Lot 357, Section 5, KTLD, Jalan Satok, 93400 Kuching
Tel: 082-231433 Fax : 082-232596 E-mel: assar@assar.com.my

ASSB/OP/PI-01 (V.1/2022)

NO. AHLI : ______

Peringatan:
Bagi tujuan pelaburan permulaan, Borang Permohonan **MESTI** diedarkan dengan Prospektus ASSAR, Prospektus Tambahan ASSAR (jika ada) dan Lembaran Penerangan Produk ASSAR, selaras dengan peruntukan di bawah Akta Pasaran Modal dan Perkhidmatan 2007. Sebelum membuat sebarang keputusan pelaburan, bakal pelabur adalah dinasihatkan supaya membaca serta memahami isi kandungan Prospektus ASSAR dan Prospektus Tambahan ASSAR (jika ada).

Nota:
1. Sila isi dengan menggunakan **HURUF BESAR** dan penggunaan **DAKWAT HITAM** adalah digalakkan.
2. Tandakan (√) pada petak yang berkenaan.
3. Semua permohonan permulaan hendaklah disertai dengan salinan Kad Pengenalan.

BORANG PERMOHONAN PELABURAN - INDIVIDU

1 PELABURAN
- ☐ PERMULAAN
- ☐ TAMBAHAN

2 SKIM
- ☐ SKIM PELABURAN AHLI KWSP
- ☐ AKAUN PENDIDIKAN ASSAR
- ☐ AKAUN PERSARAAN ASSAR
- ☐ Lain-lain: ______

3 BUTIR-BUTIR PEMOHON

NAMA PEMOHON (Seperti di dalam Kad Pengenalan): ______

No. KAD PENGENALAN: ______ - ______ - ______

TARIKH LAHIR (Hari - Bulan - Tahun): ______ **NEGERI DILAHIRKAN**: ______ **BANGSA**: ______

ALAMAT SURAT MENYURAT: ______

POSKOD: ______ **DAERAH / BAHAGIAN**: ______ **E-MEL**: ______

TEL. RUMAH: ______ **JANTINA**: ☐ Lelaki ☐ Perempuan **STATUS**: ☐ Bujang ☐ Kahwin

TEL. PEJABAT: ______ **TEL. BIMBIT**: ______

PEKERJAAN: ☐ Kerajaan ☐ Swasta ☐ Usahawan ☐ Bekerja Sendiri ☐ Petani / Nelayan ☐ Tiada Pekerjaan / Pelajar >18 Tahun ☐ Suri Rumah ☐ Pesara ☐ Lain-lain (Nyatakan) : ______

SEKIRANYA ANDA BEKERJA, SILA KEMUKAKAN MAKLUMAT BERIKUT :

Nama Pekerjaan/ Jawatan : ______ Sektor Pekerjaan: ______ Nama Majikan: ______

PENDAPATAN BULANAN (RM): ☐ Sehingga RM1,500 ☐ RM1,501-RM2,500 ☐ RM2,501-RM4,500 ☐ RM4,501- RM10,000 ☐ RM10,001-RM25,000 ☐ >RM25,001

JAWATAN: ☐ Pengurus ☐ Eksekutif ☐ Bukan Eksekutif **USAHAWAN/ BEKERJA SENDIRI**: ☐ Profesional ☐ Kontraktor ☐ Lain-lain (nyatakan): ....

NAMA BANK: ______ **NO. AKAUN BANK**: ______

4 BUTIR-BUTIR PEMILIK BERSAMA (jika ada)

NAMA (Seperti di Kad Pengenalan / Sijil Lahir): ______

No. Kad Pengenalan: ______ - ______ - ______ **PERTALIAN DENGAN PEMOHON**: ______

5 MAKLUMAT PELABURAN

HARGA/*NAB SEUNIT : RM ___ . ____
*** Nilai Aset Bersih**

+ CAJ : RM ___ . ____

JUMLAH KOS SEUNIT : RM ___ . ____

UNIT DIPOHON : ______ **JUMLAH BAYARAN (RM) :** ______

TUJUAN PELABURAN : ______

5(a) CARA TRANSAKSI

BAYARAN ADALAH SECARA : ☐ Tunai ☐ Kiriman Wang / Wang Pos ☐ Cek ☐ Draf Bank No. ______

Kredit ke akaun ASSAR :
RHB Bank Bhd. 2-11212-0003137-9
- ☐ Melalui mesin deposit tunai
- ☐ Perbankan Internet -pindahan wang
- ☐ Spay Global

BENTUK PELABURAN
- ☐ Sijil (Bayaran RM3.00 untuk satu sijil)
- ☐ Penyata (Tiada bayaran dikenakan)

6 PENGISYTIHARAN POLITICALLY EXPOSED PERSON (PEP)

Definisi PEP

PEP adalah seorang individu yang mempunyai pengaruh politik atau telah diamanahkan dengan fungsi / jawatan awam yang penting dalam negara atau oleh negara luar termasuk Ketua Kerajaan/Negeri, Pegawai Tinggi Kehakiman, Tentera atau Polis, Ahli Politik (majlis tertinggi), Kerabat DiRaja, Pengurusan Kanan Syarikat Berkaitan Kerajaan.

Maklumat PEP [Sila Tandakan √ pada yang berkenaan]

1) Adakah anda seorang PEP? ☐ Ya ☐ Tidak **ATAU** Adakah anda mempunyai pertalian dengan mana-mana PEP? ☐ Ya ☐ Tidak

2) Jika Ya, sila pilih jenis PEP:-

☐ Ketua Kerajaan/Negeri ☐ Pegawai Tinggi Kehakiman/Tentera atau Polis ☐ Ahli Politik/ Majlis Tertinggi ☐ Kerabat DiRaja ☐ Pengurusan Kanan Syarikat Berkaitan Kerajaan

3) Jika anda **berkaitan** dengan PEP, sila nyatakan hubungan anda:-

☐ Suami/Isteri ☐ Anak ☐ Ibu/Bapa ☐ Adik-Beradik ☐ Ibu/Bapa (Mertua) ☐ Saudara

☐ Rakan Perniagaan ☐ Rakan-Rakan ☐ Penderma ☐ Ahli Lembaga Pengarah/AJK ☐ Penasihat ☐ Pemegang Saham

7 PENYATA PENDEDAHAN RISIKO-PELABURAN MELALUI PINJAMAN (jika berkenaan)

Nota : Bahagian ini hanya berkaitan untuk pembiayaan pelaburan melalui pinjaman sahaja.

Melabur dalam dana amanah saham dengan wang yang dipinjam lebih berisiko daripada melabur dengan wang simpanan sendiri.

Anda perlu menilai setakat mana pembiayaan pinjaman sesuai dengan matlamat dan keadaan kewangan anda serta perlu mengambil kira sikap/pendirian anda terhadap risiko. Anda hendaklah sedar akan risiko yang mungkin merangkumi perkara yang berikut:

1. Lebih tinggi margin kredit (iaitu, jumlah wang yang anda pinjam bagi setiap Ringgit wang anda yang dijadikan deposit cagaran), lebih besar potensi kerugian mahupun keuntungan.
2. Anda hendaklah menilai sama ada anda mempunyai keupayaan untuk membuat pembayaran balik pinjaman yang diminta. Sekiranya pinjaman adalah berdasarkan kadar boleh ubah ("variable rate loan"), bila mana kadar faedah naik, jumlah pembayaran semula akan turut naik.
3. Sekiranya harga unit saham amanah jatuh di bawah paras tertentu, anda mungkin diminta memberikan cagaran tambahan atau membayar jumlah tambahan sebagai tokokan ansuran biasa. Sekiranya anda gagal memenuhi syarat tersebut dalam waktu yang ditetapkan, pegangan unit saham amanah anda boleh dijual untuk melunaskan pinjaman anda.
4. Pulangan bagi amanah saham tidak dijamin dan tidak menentu/konsisten mahupun sama rata sepanjang tempoh. Anda berkemungkinan mendapat pulangan yang tinggi untuk beberapa tahun manakala di tahun-tahun lain terpaksa berdepan dengan kerugian. Sama ada anda memperolehi keuntungan atau kerugian adalah bergantung kepada masa penjualan saham amanah anda. Nilai saham amanah anda mungkin jatuh tatkala anda inginkan wang anda kembali walaupun pelaburan tersebut telah menunjukkan prestasi baik sebelum itu.

Penyata ringkas ini tidak boleh mendedahkan semua risiko dan aspek berkaitan dengan pinjaman pembiayaan. Oleh yang demikian, anda hendaklah mengkaji dengan sebaik-baiknya semua syarat dan terma yang dikenakan sebelum anda memutuskan membuat pinjaman. Sekiranya anda berasa ragu terhadap sebarang aspek Penyata Pendedahan Risiko ini, atau syarat-syarat pembiayaan pinjaman, anda hendaklah mendapat nasihat institusi yang menawarkan.

Saya/Kami mengesahkan telah menerima dan memahami isi kandungan Penyata Pendedahan Risiko bagi Pelaburan Melalui Pinjaman seperti yang dinyatakan di atas.

Tandatangan/Cap Ibu Jari Kanan Pemohon

Nama :____

Tarikh :____________________________

8 NOTIS PRIVASI DATA PERIBADI / PERSONAL DATA PRIVACY NOTICE

Notis Privasi Data Peribadi

1. Notis Privasi Data Peribadi ini dirumus berdasarkan Akta Perlindungan Data Peribadi 2010 untuk Amanah Saham Sarawak Berhad ("ASSB").
2. Notis ini bertujuan memaklumkan bahawa data peribadi anda dan maklumat yang telah diberikan semasa memohon unit-unit bagi tabung unit amanah yang diuruskan oleh ASSB akan diproses, digunakan, dizahirkan, disimpan dan diselenggarakan hanya bagi tujuan menyediakan anda dengan produk dan perkhidmatan kami serta perkhidmatan berkaitan yang lain.
3. Sebagai pengguna data, ASSB akan mengambil langkah-langkah yang munasabah bagi memastikan integriti data anda dipelihara dan akses kepadanya dilindungi.
4. Sebagai pemegang unit amanah yang diuruskan oleh ASSB, anda mengakui dan bersetuju bahawa ASSB boleh mengumpul, memproses, menggunakan, menzahirkan dan menyimpan data peribadi anda berdasarkan **Polisi Privasi ASSB** di mana salinan boleh diperolehi di pejabat ASSB dan akan diberikan kepada anda jika diminta.
5. Adalah menjadi satu kewajipan untuk anda memberikan data peribadi anda. Jika anda enggan membenarkan data peribadi anda digunakan bagi tujuan yang dinyatakan di sini, ia boleh menyebabkan anda dinafikan akses kepada produk dan perkhidmatan kami, dimana pihak kami tidak bertanggungjawab dan tidak boleh dipertanggungjawab sekiranya perkara tersebut berlaku.
6. Anda berhak untuk mengakses dan mengemaskini dan/atau membetulkan atau menghadkan pemprosesan atau menarik balik kebenaran untuk memproses data peribadi anda dengan menghantar notis secara bertulis kepada kami. Bagi tujuan tersebut, sila maklumkan kepada kami dengan memberikan nama, nombor Kad Pengenalan dan nombor akaun anda ke alamat berikut:

   Amanah Saham Sarawak Berhad
   Lot 357, Section 5, KTLD, Jalan Satok
   93400, Kuching
   Sarawak, Malaysia
   Untuk perhatian : Ketua Unit, Jabatan Komunikasi Korporat dan Operasi
   Talian bebas tol: 1-800-8884567

7. Kami percaya bahawa anda memahami dan bersetuju dengan terma-terma berkaitan dengan pemprosesan data peribadi anda. Dengan terus melanggan produk dan perkhidmatan kami, anda dianggap bersetuju dengan terma dan syarat yang dinyatakan di sini.
8. Sila ambil maklum bahawa **Polisi Privasi ASSB** mungkin disemak dan dikemaskini dari semasa ke semasa. Notis semakan/kemaskini tersebut akan dimaklumkan melalui saluran yang dianggap bersesuaian bagi ASSB.

Personal Data Privacy Notice

1. This Personal Data Privacy Notice was formulated in accordance with the provisions of the Personal Data Protection Act 2010 for Amanah Saham Sarawak Berhad (“ASSB”).
2. This notice serves to inform your personal data and other information which you have provided in your application or request for unit(s) of the fund managed by ASSB shall be processed, used, disclosed, retained and maintained only for the purpose of providing you our product(s) and services and any other ancillary services.
3. As a data user, ASSB shall take all reasonable measures to ensure the integrity of your personal data is protected and access to it is safeguarded.
4. As a unit holder of the fund managed by ASSB, you undertake, acknowledge and agree that ASSB may collect, process, use, disclose and retain your personal data in accordance with **ASSB Privacy Policy available at ASSB office and a copy of which shall be made available to you upon request.**
5. Provision of your personal data is mandatory. If you do not provide your information to be used for the purpose as mentioned herein, it may result in you being denied access to our product(s) and services, which shall not render us responsible or liable for.
6. You have the right to access and update and/or correct or limit the processing or withdraw your consent for the processing of your personal data by sending your notice in writing to us. For that purposes, please notify us by providing your name, NRIC number and account number to the following address:

   Amanah Saham Sarawak Berhad
   Lot 357, Section 5, KTLD, Jalan Satok
   93400, Kuching
   Sarawak, Malaysia
   Attention: Head, Corporate Communications and Operations Department
   Toll-Free Line: 1-800-8884567

7. We trust that you understand, consent and agree to the terms and conditions in respect of our processing of your personal data. By continuously subscribing to our product(s) and services, you shall be deemed to have agreed to the same.

8. Please be advised that ASSB may review and update **ASSB Privacy Policy** from time to time. Notice of such revision(s) shall be communicated via means deem suitable by ASSB.

In the event of any inconsistency between the English version and the Bahasa Malaysia version of this notice, the English version shall prevail.

Saya/Kami mengesahkan telah menerima, membaca dan memahami Notis Privasi Data Peribadi dan membenarkan ASSB untuk memproses dan merujuk maklumat yang dizahirkan didalam permohonan saya/kami ini kepada pihak-pihak berkaitan berdasarkan Polisi Privasi ASSB dan/atau atas sebab-sebab yang dianggap bersesuaian oleh pihak ASSB dan/atau berdasarkan keperluan undang-undang.

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Tandatangan/Cap Ibu Jari Kanan Pemohon	Tandatangan/Cap Ibu Jari Kanan Pemohon Bersama (jika ada)
Nama :____________________________	Nama :____________________________
Tarikh : ____________________	Tarikh : ____________________

9 AKUAN PENGESAHAN

1. **SURAT IKATAN DAN PROSPEKTUS**. Saya/Kami mengesahkan telah membaca dan memahami isi kandungan Surat Ikatan dan Surat Ikatan Tambahan (jika ada), Prospektus ASSAR dan Prospektus Tambahan ASSAR (jika ada) serta Lembaran Penerangan Produk dan bersetuju mematuhi dan terikat dengan syarat-syarat dan peraturan-peraturan dan sebarang tambahan dan perubahan kepadanya yang berkaitan dengan permohonan unit-unit yang didaftarkan atau sesudah itu.

2. **CAJ DAN FI**. Saya/Kami sedar dan memahami bahawa terdapat caj dan fi yang dikenakan secara langsung atau tidak langsung apabila saya/kami membuat pelaburan didalam ASSAR.

3. **KELAYAKAN**. Saya/Kami adalah warganegara Malaysia Bumiputera Sarawak/Bumiputera lain yang telah berkhidmat di Sarawak melebihi satu tahun pada tarikh permohonan.

4. **KEBANKRAPAN**. Saya/Kami mengesahkan bahawa saya/kami bukan seorang/kami yang bankrap dan tidak ada kes litigasi atau prosiding kebankrapan yang telah dan/atau sedang diambil terhadap saya/kami dan akan memaklumkan kepada pihak ASSB dalam tempoh 7 hari sekiranya saya berdepan dengan proses kebankrapan.

5. **AMLA 2001**. Saya/Kami mengesahkan bahawa semua maklumat didalam permohonan ini adalah benar dan tepat serta pelaburan saya/kami tidak bercanggah dengan mana-mana undang-undang Malaysia termasuk AMLA 2001. Pihak pengurusan berhak menamatkan semua hubungan dengan pihak saya/kami sekiranya saya/kami didapati melanggar undang-undang, peraturan-peraturan dan kaedah-kaedah AMLA 2001 dan polisi "Know Your Customer".

6. **CEK PEMBAYARAN JUALAN BALIK UNIT ASSAR TIDAK DITUNAI**. Saya/Kami mengambil maklum pembayaran pembelian balik unit ASSAR akan dikreditkan semula ke akaun saya/kami sekiranya cek pembayaran tidak ditunaikan dalam tempoh sah laku iaitu enam (6) bulan dari tarikh cek dikeluarkan jika Harga Jualan seunit ASSAR **adalah RM1.00 d**an jika Harga Jualan seunit ASSAR **melebihi RM1.00**, jumlah pembayaran tersebut akan diuruskan mengikut peruntukan Akta Wang Tak Dituntut 1965.

7. **NOTIS ANTI-RASUAH DAN KORUPSI KUMPULAN SYARIKAT ASSAR.** Saya/Kami mengesahkan telah menerima salinan Notis Anti-Rasuah dan Anti-Korupsi Kumpulan Syarikat ASSAR dan memahami tatacara/saluran pelaporan sulit sekiranya berlaku sebarang ketidakpatuhan.

8. **KAEDAH PENGENDALIAN AKAUN** . Untuk Pemilik Bersama, sila tanda (✓) untuk arahan pengendalian akaun dengan syarat pemilik bersama di bawah umur 18 tahun tidak layak memberi arahan berkenaan mana-mana urusan Unit:
   ☐ Salah satu pemilik bersama ☐ Semua pemilik bersama

9. Segala keterangan/maklumat yang diberikan adalah sah dan benar. Sekiranya terdapat keterangan/maklumat yang tidak benar atau palsu, maka permohonan ini dengan sendirinya terbatal.

Tandatangan/Cap Ibu Jari Kanan Pemohon	Tandatangan/Cap Ibu Jari Kanan Pemohon Bersama (jika ada)
Tarikh :	Tarikh :

10 DEKLARASI AMLA (Akta Pencegahan Pengubahan Wang Haram Pencegahan Pembiayaan Keganasan 2001)

Nota: Bahagian ini hanya perlu diisi untuk pelaburan tunai RM10,000 dan keatas.

Saya/Kami mengesahkan bahawa punca dana untuk tujuan permohonan pelaburan/pembelian unit-unit ASSAR bukan hasil daripada aktiviti haram, tidak diperolehi dari mana-mana sumber yang menyalahi undang-undang atau berkaitan dengan mana-mana aktiviti yang menyalahi undang-undang seperti yang ditakrifkan di bawah AMLA 2001.

Sumber dana pelaburan ini adalah daripada:

Tandatangan/Cap Ibu Jari Kanan Pemohon

Nama :

Tarikh :

UNTUK KEGUNAAN ASSB / EJEN KUTIPAN SAHAJA

TARIKH PENDAFTARAN Hari ☐☐ - Bulan ☐☐ - Tahun ☐☐☐☐

DISEDIAKAN OLEH :

(NAMA :)

DISAHKAN OLEH :

(NAMA :)

SENARAI SEMAKAN

☐ Salinan Kad Pengenalan Pemohon disertakan

☐ Salinan Kad Pengenalan / Sijil Lahir Pemohon Bersama disertakan (jika ada)

☐ Customer Risk Rating Assessment - Individual

AMANAH SAHAM SARAWAK ("ASSAR")

Pelaburan Utama Demi Kemakmuran

INVESTOR SUITABILITY ASSESSMENT FORM

This Investor Suitability Assessment Form ("ISAF") will guide you in choosing the unlisted capital market products that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable unlisted capital market products are recommended according to your investment needs and objectives.

SECTION 1: *KNOW-YOUR-INVESTOR PROCESS*

Please fill in your answer in the box provided. All information will be treated with strictest confidence.
** to delete whichever is inapplicable*

Section 1.1 - Investor's Details: ☐ **Single** ☐ **Joint Holder** ☐ **Corporate**

Details	Single / Principal Applicant	Joint Applicant	Corporate
Name (as per NRIC) / **Corporate** (as per Certificate of Incorporation)			
NRIC / Reg. No.			
Mailing Address			
Contact No.			
Email Address			
Highest Education/Professional Qualification	Please specify:	Please specify:	
Employment	☐ Government ☐ Student ☐ Private Sector ☐ Housewife ☐ Self Employed ☐ Others, ……………………..	☐ Government ☐ Student ☐ Private Sector ☐ Housewife ☐ Self Employed ☐ Others, ………………………..	
Name Of Authorised Signatory			

Section 1.2 – Category of Investor

Type of Investors	Please tick (✓)	Qualifying Criteria ***(for detailed criteria, kindly refer to Securites Commission's Guidelines on Categories of Sophisticated Investors.***
Accredited Investor *(An Accredited Investor is not required to conduct suitability assessment)*	☐	(i) A unit trust scheme, private retirement scheme or prescribed investment scheme. (ii) Bank Negara (iii) A licensed person or a registered person. (iv) An exchange holding company, a stock exchange, a derivatives exchange, an approved clearing house, a central depository or a recognized market operator. (v) A corporation that is licensed, registered or approved to carry on any regulated activity or capital market services by an authority in Labuan or outside Malaysia. (vi) A bank licensee or an insurance licensee as defined under the Labuan Financial Services and Securities Act 2010 [Act 704]. (vii) An Islamic bank licensee or a takaful licensee as defined under the Labuan Islamic Financial Services and Securities Act 2010 [Act 705]. (viii) A chief executive officer or a director of any person referred to in subparagraphs (iii), (iv), (v), (vi) and (vii) above. (ix) A closed-end fund approved by the SC.

Type of Investors	Please tick (✓)	Qualifying Criteria (*for detailed criteria, kindly refer to Securites Commission's Guidelines on Categories of Sophisticated Investors.*
High Net-Worth Entity	☐	(i) A company that is registered as a trust company under the Trust Companies Act 1949 and has assets under its management exceeding ten million ringgit or its equivalent in foreign currencies. (ii) A corporation that— (A) is a public company under the Companies Act 2016 which is approved by the SC to be a trustee under the CMSA and has assets under its management, exceeding ten million ringgit or its equivalent in foreign currencies; or (B) is carrying on the regulated activity of fund management solely for the benefit of its related corporations and has assets under its management exceeding ten million ringgit or its equivalent in foreign currencies (iii) A corporation with total net assets exceeding ten million ringgit or its equivalent in foreign currencies based on the last audited accounts. (iv) A partnership with total net assets exceeding ten million ringgit or its equivalent in foreign currencies. (v) A statutory body established under any law whose function or mandate is investment in capital market products. (vi) A pension fund approved by the Director General of Inland Revenue under the Income Tax Act 1967.
High Net-Worth Individual	☐	An individual: (i) whose total net personal assets exceeding three million ringgit or its equivalent in foreign currencies, provided that the net value of the primary residence of the individual contribute not more than one million ringgits of the total net assets. (ii) whose total net joint assets with— (a) his or her spouse; or (b) his or her child, exceeding three million ringgit or its equivalent in foreign currencies, provided that the net value of the primary residence of the individual with his or her spouse or child contribute not more than one million ringgits of the total net assets. (iii) who has a gross annual income exceeding three hundred thousand ringgit or its equivalent in foreign currencies in the preceding 12 months. (iv) who jointly with his or her spouse or child, has a gross annual income exceeding RM400,000 or its equivalent in foreign currencies in the preceding 12 months. (v) whose total net personal investment portfolio or total net joint investment portfolio with his or her spouse or child, in any capital market products exceeding one million ringgit or its equivalent in foreign currencies. (vi) who has 5 consecutive years of relevant working experience in finance, economic, actuarial science or accounting and holds any of the qualifications (Bachelor's or Master's Degree related to Finance, Economics, Actual Science, Accounting, Master of Business Administration). (vii) Who holds membership in the associations (Active Member of Chartered Financial Analyst Institute, Chartered Banker of Asian Institute of Chartered Bankers, Ordinary Member of Financial Markets Association Malaysia, Chartered Accountant of Malaysia Institute of Accountants, Ordinary Member of Malaysia Association of Tax Accountants, Accredited Angel Investor of Malaysian Business Angel Network, Certified Member of Financial Planning Association of Malaysia and Ordinary Member of Malaysian Financial Planning Council. (viii) who has 5 consecutive years of working experience in a capital market intermediary relating to product development, corporate finance, deal advisory, investment management, sales and trading, investment research and advisory, financial analysis, or the provision of training in investment products.
A person who acquires the unlisted capital market product where the consideration is not less than two hundred and fifty thousand ringgit or its equivalent in foreign currencies for each transaction whether such amount is paid for in cash or otherwise	☐	
Retail Investor	☐	(i) You are categorised as **Retail Investor** if you are ***NOT*** an **Accredited Investor** or a **High Net-Worth Individual/Entity** as defined above
Vulnerable Investor	☐	(i) A natural person or representative(s) of an entity who may be at higher risk of suffering harm or exploitation due to factors that impede their ability to make well informed and independent financial decisions, may face challenges in accessing financial services or may require assistance to engage in financial services, for example, a person with disabilities or a senior citizen. (ii) This shall be limited to the following categories of people : ▪ A person with physical disabilities (limitation on a person's physical functioning, mobility, dexterity or stamina); ▪ A person who has an inadequate level of financial literacy (i.e. unable to comprehend basic financial terms) ▪ A person with language & communication barriers ▪ Senior citizen (60 years and above) who are illiterate, or have low level of education. **Note**: ***ASSB shall not engage with the following categories of investor:*** • ***Cognitive disabilities (i.e. mental impairment or illnesses)*** • ***People with disabilities (i.e. visual impairment)***

SECTION 2: *SUITABILITY ASSESSMENT*

Section 2.1 – Investor's Needs Analysis

		Single/Principal Applicant	Corporate
A	Marital Status	☐ Single ☐ Married	
B	How many school going children do you have?	☐ None ☐ 1-2 ☐ 3-5 ☐ >5	
C	How many dependents do you have?	☐ None ☐ 1-2 ☐ 3-5 ☐ >5	
D	How many months of expenses can your emergency funds cover?	☐ No emergency funds ☐ < 3 months ☐ 3 to 6 months ☐ > 7 months	
E	Please choose type(s) of investment you currently hold.	☐ None ☐ Savings accounts/ FD ☐ Unit Trust Fund ☐ Equities / Futures	☐ Fixed Deposits ☐ Money Market ☐ Unit Trust Fund ☐ Equities / Bonds
F	What range best describes your personal annual income (RM), including joint holder (if any) / Corporation's latest audited shareholders fund.	☐ Below 50,000 ☐ 50,001-150,000 ☐ 150,001 – 300,000 ☐ 300,001- 400,000 ☐ More than 400,001	☐ <RM1 million ☐ RM1 – RM10 million ☐ >RM10 million
G	Age range.	☐ <40 ☐ 40-50 ☐ >50	

Section 2.2 – Investor's Investment Objectives

		Single/Principal Applicant	Corporate
A	Is capital / principal protection important to you?	☐ Yes ☐ No	☐ Yes ☐ No
B	Investments generally take time to grow. How long do you wish to invest your money for?	☐ Short-term (< 3 Years) ☐ Medium-term (3-5 Years) ☐ Long-term (> 5 Years)	☐ Short-term (< 3 Years) ☐ Medium-term (3-5 Years) ☐ Long-term (> 5 Years)
C	Purpose of Investment	☐ Capital Preservation ☐ Moderate Income and/or Capital Growth ☐ Children Education ☐ Retirement Planning ☐ Others, please specify: ………………………	☐ Capital Preservation ☐ Moderate Income and/or Capital Growth ☐ Others, please specify :………………………

Section 2.3 – Investor's Risk Tolerance/ Understanding of the product offered

		Single/Principal Applicant	Corporate
A	Are you aware of the RM1.00 minimum price guarantee feature of ASSAR?	☐ Yes ☐ No	☐ Yes ☐ No
B	Are you aware that there are risks associated with investing in "ASSAR"?	☐ Yes ☐ No	☐ Yes ☐ No
C	Are you aware that the income distribution of the fund may rise or fall and is not guaranteed and that past performance is not an indication of future performance?	☐ Yes ☐ No	☐ Yes ☐ No
D	Are you aware that the minimum price guarantee does not, however, preclude investors from incurring capital loss in the event their entry price (i.e. Selling Price) is more than RM1.00?	☐ Yes ☐ No	☐ Yes ☐ No
E	Are you aware that the value of a Unit Holder's investment may rise or fall depending on the market factors that the underlying funds invest in?	☐ Yes ☐ No	☐ Yes ☐ No
F	Are you aware there are fees and charges involved in the buying and selling of "ASSAR" units?	☐ Yes ☐ No	☐ Yes ☐ No

Note: If you have answered "No" in any of the questions in Section 2.3 (A-F), you are *NOT* suitable to invest in ASSAR. Kindly approach our product distributor representative to find out more.

SECTION 3: *RECOMMENDATION SECTION*

Section 3.1 – Recommendations Section *(Note: This section to be completed by product distributor)*

Please tick (✓) where appropriate :

		Yes	No
A	Whether the product is recommended by the product distributor		
B	Basis of recommendation: • The product recommended fits the clients risk appetite and investment objectives. • Others, please specify: ……………………………………………………………………		
C	Basis of non –recommendation: • The product recommended does not fit the clients risk appetite and investment objectives. • Others, please specify: ……………………………………………………………………		

Disclaimer: Any financial analysis or opinion furnished by us will be based on information provided by you and will be used by us as a guide in deciding how best to attain your investment goals. We do not guarantee any returns as projected in any financial analysis. If you make any investments decision based on any financial analysis or opinion, you accept all risks or losses arising there from and will not hold Amanah Saham Sarawak Berhad (260166-D), its officers, employees or representatives in any way liable. If in doubt, please consult an independent professional adviser.

SECTION 4: *ACKNOWLEDGEMENT*

Section 4.1 – <u>Investors Declarations</u>

AS PART OF THE ON-GOING COMPLIANCE TO SECURITIES COMMISSION MALAYSIA'S GUIDELINES ON CONDUCT FOR CAPITAL MARKET INTERMEDIARIES, YOU ARE REQUIRED TO COMPLETE A NEW ISAF TO SUPERSEDE THIS SIGNED VERSION IF YOU HAVE ANY MATERIAL CHANGES TO YOUR PARTICULARS IN THE FUTURE.

I/We* declare that:

1. All information disclosed is true, complete and accurate and I hereby consented to the disclosure of personal data and information as set out in this form to be strictly used **ONLY** for the product suitability assessment.
2. The questions and answers in the suitability assessment are meant to be assessed in entirety in order to assess my risk tolerance and each individual answer cannot be taken on its own.
3. The product distributor has explained and I/we* have understood the features, risks, fees and charges of the product and shall bear full responsibility for my /our* investment decision.
4. I/We acknowledge receipt of a copy of Product Highlights Sheet, Prospectus and other relevant disclosure document which have been given to me/us*.

<u>Please tick (✓) where appropriate</u> :

☐ I/We* agree with the result of this suitability assessment and would like to accept any investment suggestions.

☐ I/We* do not agree with the outcome of this suitability assessment and would like to invest in the funds of my own choice.

☐ **(If applicable)** I/We* decline to provide certain information required for this suitability assessment and this may adversely affect my/our* suitability assessment.

Single/Principal* Applicant Signature	Joint Applicant Signature	Corporate Authorized Signatory	Company Stamp
Name: Date:	Name: Date:	Name: Date:	

Section 4.2 – <u>Product Distributor Representative</u>

I declare that:

1. The information provided to me in this ISAF is strictly confidential and is used for the purpose of fact finding and to facilitate the advisory process. The information contained herein will be treated in accordance with the current and/or relevant laws and legislations.
2. I have already disclosed and explained all the required information in relation with the services rendered to investor and have attached all relevant disclosure documents.
3. I am a trained/qualified financial advisor and licensed Federation of Investment Manager Malaysia (FiMM) unit trust consultant to assist investor in investments products and services.

Signature	
Name	
FiMM No.	
Date (dd/mm/yyyy)	

<u>WARNING</u>

THE RECOMMENDATION IS MADE BASED ON INFORMATION OBTAINED FROM THE SUITABILITY ASSESSMENT. INVESTORS ARE ADVISED TO EXERCISE JUDGEMENT IN MAKING AN INFORMED DECISION IN RELATION TO THE UNLISTED CAPITAL MARKET PRODUCT.

PANDUAN MENGISI BORANG PERMOHONAN SKIM PELABURAN AHLI

KWSP 9N (AHL)

PANDUAN MENGISI BORANG INI ADALAH MERUJUK KEPADA BAHAGIAN-BAHAGIAN UTAMA DI DALAM BORANG PERMOHONAN.

(RUANGAN A) MAKLUMAT AHLI

Sila lengkapkan Bahagian (A) dengan maklumat pengenalan diri pemohon.

1. **Nombor Ahli**
   Isi nombor KWSP ahli.
2. **Nombor Kad Pengenalan Baru**
   Isi nombor Kad Pengenalan 12 Digit ahli seperti terdapat dalam Kad Pengenalan Diri (MyKad).
3. **Nombor Polis /Tentera / Pasport**
   Isi lain-lain nombor pengenalan jika ahli mempunyai nombor pengenalan diri lama atau ahli seorang anggota tentera, polis atau bukan warganegara yang layak membuat pengeluaran ini.
4. **Nama**
   Isi nama sebagaimana tercatat dalam Kad Pengenalan Diri (MyKad).
5. **Alamat Pemohon**
   Isi alamat surat-menyurat terkini berserta Poskod, Bandar, Negeri dan Negara dengan lengkap.
6. **Nombor Untuk Dihubungi**
   Isi nombor telefon Rumah, Pejabat dan Telefon Bimbit untuk dihubungi dengan lengkap. Sila kosongkan kotak sekiranya tidak berkenaan.
7. **E-mel**
   Isi alamat e-mel ahli (jika ada).

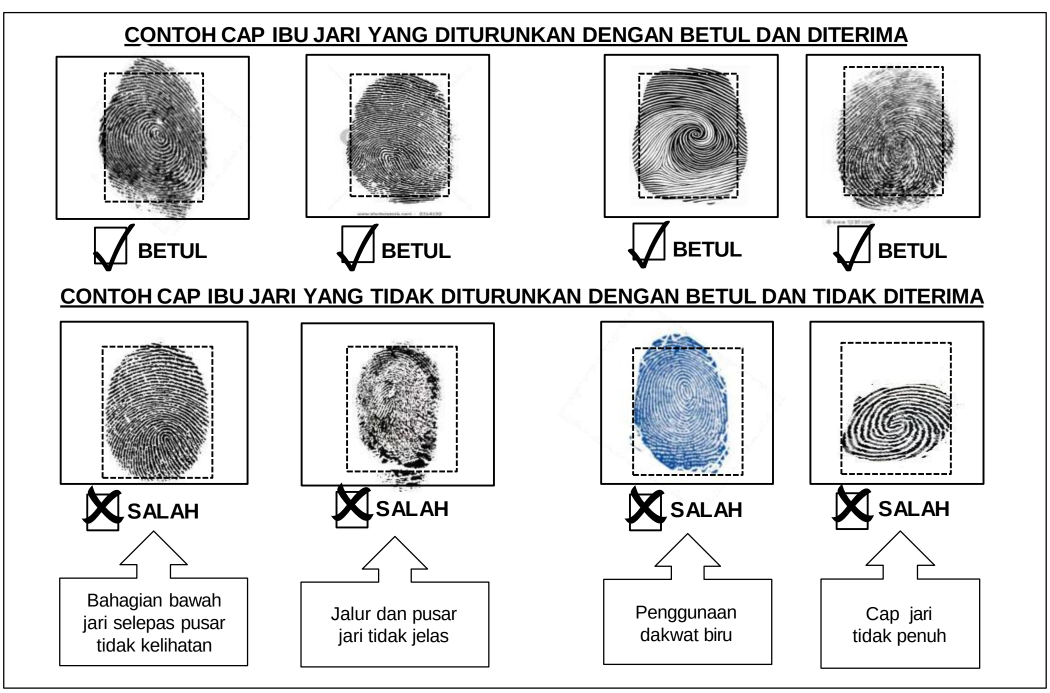
(RUANGAN B) MAKLUMAT PELABURAN INSTITUSI PENGURUSAN DANA (IPD)

Hanya **item no. 1 perlu diisi oleh ahli**, manakala item lain akan diisi oleh pegawai IPD berkenaan.

1. **Amaun Pelaburan**
   Isikan satu digit di setiap ruang dengan didahului oleh digit '0' jika perlu.
2. **Kod IPD**
   Isikan kod yang telah diperuntukkan oleh KWSP kepada IPD kepada ahli.
3. **Nombor Akaun IPD**
   Tuliskan nombor akaun / nombor rujukan yang diperuntukkan oleh IPD kepada ahli.
4. **Nama IPD Yang Dipilih**
   Nyatakan nama IPD yang dipilih oleh ahli di dalam ruangan yang disediakan.

(RUANGAN C) PENGESAHAN PEMOHON

Sila tuliskan tarikh permohonan serta cap ibu jari kanan dan kiri pemohon. Cap ibu jari mestilah diturunkan dengan **TERANG DAN JELAS** dengan menggunakan **PAD CAP IBU JARI BERWARNA HITAM** di dalam ruangan yang disediakan seperti panduan di bawah.



PERMOHONAN SKIM PELABURAN AHLI

KWSP 9N (AHL)

SILA GUNAKAN PEN DAKWAT HITAM SAHAJA DAN PENGGUNAAN CECAIR PEMADAM TIDAK DIBENARKAN

(A) MAKLUMAT AHLI

1. Nombor Ahli

2. Nombor MyKad - -

3. Nombor Polis / Tentera / Pasport

4. Nama

5. Alamat Surat Menyurat

Poskod

Bandar

Negeri

Negara

6. Nombor Untuk Dihubungi

Rumah -

Pejabat -

Telefon Bimbit -

7. E-mel

(B) MAKLUMAT PELABURAN INSTITUSI PENGURUSAN DANA (IPD) – Amaun Dipohon Tertakluk Kepada Kelayakan

1. Amaun Pelaburan RM

Hanya item no. 1 sahaja perlu diisi oleh ahli

2. Kod IPD I P D 0 0 0 0 0 4

3. Nombor Akaun IPD

4. Nama IPD Yang Dipilih AMANAH SAHAM SARAWAK BERHAD

Saya dengan ini mengesahkan maklumat ahli di atas

Tandatangan Pegawai IPD

Nama Pegawai IPD

Cop Rasmi IPD dan Tarikh

UNTUK KEGUNAAN KWSP SAHAJA

Cop Tarikh Terima

(C) PENGESAHAN PEMOHON

1. SAYA MENGESAHKAN SEMUA MAKLUMAT DAN DOKUMEN YANG DIBERIKAN BAGI PERMOHONAN INI ADALAH BETUL DAN BENAR.
2. SAYA MEMAHAMI SEKIRANYA SAYA MEMBUAT APA-APA KENYATAAN YANG TIDAK BETUL ATAU TIDAK BENAR ATAU MENGEMUKAKAN ATAU MEMBERIKAN APA-APA DOKUMEN PALSU, IA MERUPAKAN SUATU KESALAHAN DAN BOLEH MENYEBABKAN SAYA DIDENDA ATAU DIPENJARA ATAU KEDUA-DUANYA.
3. SAYA MEMAHAMI BAHAWA AMAUN YANG AKAN DIKELUARKAN DARI SIMPANAN KWSP SAYA ADALAH BERTUJUAN UNTUK SKIM PELABURAN INI SAHAJA DAN SEKIRANYA TIDAK DIGUNAKAN UNTUK TUJUAN TERSEBUT AMAUN PERLU DIKEMBALIKAN KEPADA KWSP DALAM TEMPOH ENAM (6) BULAN DARIPADA TARIKH AMAUN BAGI SKIM PELABURAN ITU DIDEBITKAN DARIPADA AKAUN AHLI.
4. BERKENAAN PERMOHONAN SKIM PELABURAN INI, SAYA MEMBENARKAN :-
   i. PIHAK KWSP MENDAPATKAN MAKLUMAT BERKAITAN DIRI SAYA DARIPADA PENGURUS DANA / IPD.
   ii. PENGURUS DANA / IPD UNTUK MENDAPATKAN MAKLUMAT BERKAITAN DIRI SAYA KEPADA KWSP.
4. SAYA MEMAHAMI SEGALA RISIKO DAN IMPLIKASI BERHUBUNG SKIM PELABURAN INI TERMASUKLAH APA-APA KERUGIAN YANG MUNGKIN BERLAKU DAN/ATAU YANG AKAN DITANGGUNG OLEH SAYA LANJUTAN DARIPADA SKIM PELABURAN INI.
5. SAYA MEMBUAT PERMOHONAN SKIM PELABURAN INI SETELAH MEMBACA DAN MEMAHAMI SYARAT-SYARAT SKIM PELABURAN YANG DITETAPKAN OLEH KWSP.
6. JIKA BERLAKU PENAMATAN KE ATAS IPD, SAYA MEMAHAMI IMPLIKASI BAHAWA AMAUN PELABURAN SAYA DI IPD TERSEBUT AKAN DIKEMBALIKAN KE KWSP.
7. SAYA DENGAN INI MENURUNKAN CAP IBU JARI KIRI DAN KANAN DI ATAS BORANG PERMOHONAN INI DAN SAYA MENGAKUI BAHAWACAP IBU JARI KIRI DAN KANAN INI ADALAH MILIK SAYA.

CAP IBU JARI <u>KIRI</u>

CAP IBU JARI <u>KANAN</u>