



AMANAH SAHAM SARAWAK BERHAD

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

ASSB/OP/MCI/01/2022

UPDATING FORM - MAINTENANCE OF CORPORATE INFORMATION

PARTICULARS OF THE CORPORATION

1 Name

(as in Certificate of Incorporation) :

2 Nature Of Business

3 Company / Registration No.

4 Source of Income

- Government grant Members Subscription
 Commercial activities Donation
 Others, (please specify) :

5 Registered Address

6 Business Address

7 Change(s) to Shareholder/Ultimate Beneficial Owner/Director

Role(s)	Change Required	Personal Particulars
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Add	Name (as per NRIC): NRIC No. : Date of Birth: Residential Address: Contact No. (Office/Mobile):
<input type="checkbox"/> Director	<input type="checkbox"/> Update	
	<input type="checkbox"/> Remove	
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Add	Name (as per NRIC): NRIC No. : Date of Birth: Residential Address: Contact No. (Office/Mobile):
<input type="checkbox"/> Director	<input type="checkbox"/> Update	
	<input type="checkbox"/> Remove	
<input type="checkbox"/> Shareholder	<input type="checkbox"/> Add	Name (as per NRIC): NRIC No. : Date of Birth: Residential Address: Contact No. (Office/Mobile):
<input type="checkbox"/> Director	<input type="checkbox"/> Update	
	<input type="checkbox"/> Remove	
<input type="checkbox"/> Beneficial Owner <i>(an equity interest of more than 25% / natural person (if any) who exercise control or who holds the position of senior management)</i>	<input type="checkbox"/> Add	Name (as per NRIC): NRIC No. : Date of Birth: Residential Address: Nationality: Occupation Type: Nature of business/sector: Contact No. (Office/Mobile): Email Address: Purpose of Transaction:
	<input type="checkbox"/> Update	
	<input type="checkbox"/> Remove	

Note : Please attach a separate sheet (duly authorised) if the space provided is insufficient and accompany the form with certified true copy of identification documents (NRIC) for verification.

8 Change(s) to Authorised Signatory/Signature/Signing Mandate

Change Required	Particulars	Signature (Mandatory for new authorised signatory)	
<input type="checkbox"/> Add	Name (as per NRIC):		
	NRIC No. :		
<input type="checkbox"/> Update	Date of Birth:		
	Residential Address:		
<input type="checkbox"/> Remove	Contact No. (Office/Mobile):		
<input type="checkbox"/> Add	Name (as per NRIC):		
	NRIC No. :		
<input type="checkbox"/> Update	Date of Birth:		
	Residential Address:		
<input type="checkbox"/> Remove	Contact No. (Office/Mobile):		
<input type="checkbox"/> Add	Name (as per NRIC):		
	NRIC No. :		
<input type="checkbox"/> Update	Date of Birth:		
	Residential Address:		
<input type="checkbox"/> Remove	Contact No. (Office/Mobile):		

Signing conditions

Singly Any Two Jointly Others: _____

Note : Please attach a separate sheet (duly authorised) if the space provided is insufficient and accompany the form with certified true copy of identification documents (NRIC) for verification. To provide a certified true copy of Directors Resolutions for new authorised signatories.

9 Change(s) to Authorised Contact Person to receive and communicate account information.

<input type="checkbox"/> Add	Name (as per NRIC):
	NRIC No. :
<input type="checkbox"/> Update	Designation:
	Email Address:
	Office No. :
	Mobile No. :

10 Documents Required

- Latest Audited Financial Statements
- Latest Bank Statement

11 Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I confirm that I have read and understood ASSB Personal Data Privacy Notice (attached) and agree to abide and be bound by these terms and conditions.

Authorised signatory

 Date:

Name :

(please affix official seal / stamp)

FOR ASSB USE ONLY

Checked by : _____

Date : _____

Verified by : _____

Date : _____