



RHB Investment Bank Berhad 19663-P
 (A Participating Organisation of Bursa Malaysia Securities Berhad)
 (A Trading Participant of Bursa Malaysia Derivatives Berhad)
 Level 10, Tower One, RHB Centre, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.
 Tel : +603 9285 2233 Fax : +603 9284 7658

For Office Use Only

Client's CIF No.	<input type="text"/>
Spouse / Joint Applicant's CIF No.	<input type="text"/>
Date Updated	<input type="text"/> - <input type="text"/> - <input type="text"/>

UPDATING OF CLIENT'S PARTICULARS

INSTRUCTIONS FOR COMPLETION OF APPLICATION FORM

- Tick where applicable.
- Certified true copy of supporting documents shall be submitted by clients when updating their particulars with RHB Investment Bank Bhd ("RHBIB")

CLIENT PARTICULARS (Compulsory)

Existing Name (As per NRIC/Passport/Business Registration)	<input type="text"/>
NRIC / Passport / Regist. No.	<input type="text"/> Old NRIC No. <input type="text"/>

TYPE OF ACCOUNT (Please select the account(s) that require changes)

<input type="checkbox"/> Equities / CDS Trading Account	Account Number
<input type="checkbox"/> Margin Account	<input type="text"/>
<input type="checkbox"/> Derivatives Trading Account	<input type="text"/>
<input type="checkbox"/> Others, please specify: _____	<input type="text"/>

INDIVIDUAL / CORPORATE DATA (Please fill in where necessary)

New Name (As per NRIC/Passport/Business Registration)	<input type="text"/>
New NRIC / Passport / Regist. No.	<input type="text"/>
Permanent / Registered Address (As per NRIC / Business Registration)	<input type="text"/> Postcode <input type="text"/>
Correspondence Address (If different from above)	<input type="text"/> Postcode <input type="text"/>
Contact Details	Home No. <input type="text"/> - <input type="text"/> Facsimile No. <input type="text"/> - <input type="text"/> Office No. <input type="text"/> - <input type="text"/> Handphone <input type="text"/> - <input type="text"/> Email Address <input type="text"/>
Nature of Business	<input type="checkbox"/> Education <input type="checkbox"/> Financial Intermediation, please specify _____ <input type="checkbox"/> Telecommunications <input type="checkbox"/> Manufacturing, please specify _____ <input type="checkbox"/> Real Estate Activities <input type="checkbox"/> Construction, please specify _____ <input type="checkbox"/> Hotel & Restaurant <input type="checkbox"/> Transportation, please specify _____ <input type="checkbox"/> Others, please specify _____
Bank Account Details:	
Bank Name	<input type="text"/>
Account No.	<input type="text"/>
Account Name	<input type="text"/>
Account Type	<input type="text"/>

DELIVERY OF CONTRACT NOTES / STATEMENTS / TRADE NOTIFICATIONS

Type of Products	Trade Notification ¹		Contract Notes / Statements <small>(please tick one (1) only for each product)</small>		
	SMS	Email	Email	Post ² (No. of Contract Notes ³)	
Equities Trading Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ copy(ies)
Margin Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ copy(ies)
Derivatives Trading Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other, please specify :					

Note:-

- Subject to the availability of the facility.
- Contract Notes / Statements will be sent to client's correspondence address.
- Only one (1) copy for individual clients. Max. two (2) copies for corporate client.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

i) U.S. INDICIA DECLARATION FOR INDIVIDUAL

Do you possess any of the following U.S. indicia? If yes, please indicate.

- U.S. citizen/tax resident? (U.S. passport/green card holder, U.S. taxpayer, etc.) No Yes
- U.S. place of birth? No Yes
- U.S. address? (residence / mailing / P.O. Box) No Yes
- U.S. telephone number? No Yes
- Standing instructions to pay amounts from RHB Investment Bank ("RHBIB") account to an account maintained in the U.S. No Yes

ii) FATCA DECLARATION

I / We have been briefed and I / we confirm I / we understand the FATCA requirements. I / We hereby declare that I am / we are

- Non U.S. Individual(s) with no U.S. Indicia
 Non-U.S. Individual(s) with U.S. Indicia / Non-U.S. Legal Entity(ies) (provide Form W-8)¹
 U.S. Individual(s) / U.S. Legal Entity(ies) (provide Form W-9)²

If there is any update to the account information / FATCA status, I / we hereby agree to notify and furnish RHBIB with the relevant documentary evidence within 30 days of such change. I / We consent to and authorize RHBIB to perform any of the following, if applicable:-

- Withhold any applicable payments in the account
- Report or disclose all relevant information relating to or arising from the account
- Terminate (with prior notice, if applicable) my / our contractual relationship(s) with RHBIB

Note:-

- Client who is Non U.S. Individual with U.S. Indicia to provide Form W-8BEN. Client who is Non U.S. Legal Entity(ies) is to provide Form W-8BEN-E from the Effective Date as stipulated by U.S. IRS.
- Client who is U.S. Individual to provide Form W-9. Client who is U.S. Legal Entity(ies) is to provide Form W-9 from the Effective Date as stipulated by U.S. IRS.

DECLARATION

Declaration for Updating of Client's Particulars

I/We declare that all particulars and information given in this **Updating of Client's Particulars Form** are true and correct and that I/we have not withheld any material facts or information from RHBIB. RHBIB is entitled to fully rely on such information for all purposes, unless RHBIB receives notice in writing from me/us informing otherwise. I/We hereby undertake to furnish RHBIB with such additional particulars as RHBIB may require at any time and also undertake to inform RHBIB of any changes with regard to the particulars stated herein from time to time.

Declaration for Changes in Mode of Delivery

In consideration of you agreeing to my request for the issuance and delivery of contract notes/statements by way of electronic or online devices, and any other notices issued by you from time to time, I/we hereby accept and assume the risks associated with the transfer of documents/information by way of electronic or online devices and/or delivery, including delays or failure in the transmission due to breakdown or failure of transmission or traffic congestion of communications or any other cause(s) beyond your control or anticipation and/or inherent risks in receiving electronic contract notes/statements. I/We understand the risks involved in communication over the internet and/or electronic communication channel. I/We shall not dispute or challenge the validity, enforceability or admissibility of any such record and the contents therein. In the event of systems failure, I/we consent to receive the contract notes/statements via post or such other means as you deem fit and appropriate.

I/We also agree that this instruction shall be effective until revoked by me/us by giving you a newly executed form superseding this form. I/We also understand that you may cancel this email delivery service without providing any reason and/or prior notice to me/us.

I/We acknowledge that any contract notes/statements sent to me/us, whether by e-mail or by post, if sent to my/our address as given to you herein shall be deemed to be duly served on me/us within the applicable period provided for in the agreement after it is posted and/or if sent by e-mail, on the day such communication was made.

DECLARATION (CONTINUED)

I/We shall assume all responsibility or liability whatsoever for any direct or consequential loss arising from or in connection with you acceding to my/our above request. I/We further agree to indemnify you and hold you harmless from and against all actions, proceedings, claims, demands, losses, damages, costs, penalties, fines, charges and expenses which you may sustain, incur and be liable to in consequence of or attributable to or arising from the above request.

Signature of Client (Individual) / Authorised Signatory (Corporate)	:	_____	Signature of Joint Applicant: (If applicable)	:	_____
Name of Client / Authorised Signatory	:	_____	Name of Joint Applicant	:	_____
NRIC / Passport No. of Authorised Signatory (Corporate)	:	_____	Date	:	_____
Designation of Authorised Signatory (Corporate)	:	_____			
Date	:	_____	Please affix corporation stamp (for Corporate Client)	:	_____

FOR OFFICE USE ONLY

		Signature	Name	Designation	Date
Verified by (if applicable)	:				
Approved by (if applicable)	:				
Updated by	:				
Checked by	:				