

CUSTOMER INFORMATION FORM - LEGAL ENTITY, CORPORATE, AND INSTUTION
PRIVATE & CONFIDENTIAL

AGENT

COMPANY INFORMATION

COMPANY NAME

COMPANY REGISTRATION NO

COUNTRY OF INCORPORATION

NATURE OF BUSINESS

TAX RESIDENCE

TAX NO

EMAIL

CONTACT

(MOBILE)

(OFFICE)

BUSINESS ADDRESS

ADDRESS

POSTCODE

COUNTRY

BANK ACCOUNT INFORMATION

BANK NAME

ACCOUNT NAME

ACCOUNT NO

SOURCE OF INCOME

☐ SALES REVENUE

☐ INVESTMENT INCOME

☐ OTHERS

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AUTHORIZED PERSON

TITLE ☐ MR ☐ MRS ☐ MS ☐ OTHERS

FULL NAME (AS PER NRIC/PASSPORT)

NRIC/PASSPORT NO

DESIGNATION

NATIONALITY

MOBILE NO

EMAIL

ADDRESS

POSTCODE

COUNTRY

TAX RESIDENCE

TAX NO

GENDER

☐ MALE ☐ FEMALE

MARITAL STATUS

☐ SINGLE ☐ MARRIED ☐ DIVORCED

EMERGENCY CONTACT DETAILS

FULL NAME (AS PER NRIC/PASSPORT)

NRIC/PASSPORT NO

DESIGNATION

NATIONALITY

MOBILE NO

EMAIL

ADDRESS

POSTCODE

COUNTRY



PRIME LANDMARK FUND

CUSTOMER INFORMATION FORM - LEGAL ENTITY, CORPORATE, AND INSTUTION
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PRIMARY BENEFICIARY(IES)

FULL NAME (AS PER NRIC/PASSPORT)

NRIC/PASSPORT NO

RELATIONSHIP

NATIONALITY

MOBILE NO

EMAIL

ADDRESS

GENDER

☐

MALE

☐

FEMALE

MARITAL STATUS

☐

SINGLE

☐

MARRIED

☐

DIVORCED

SECONDARY BENEFICIARY(IES)

FULL NAME (AS PER NRIC/PASSPORT)

NRIC/PASSPORT NO

RELATIONSHIP

NATIONALITY

MOBILE NO

EMAIL

ADDRESS

GENDER

☐

MALE

☐

FEMALE

MARITAL STATUS

☐

SINGLE

☐

MARRIED

☐

DIVORCED

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DISCLOSURE

ARE ANY OF THE AUTHORIZED PERSONS A PERMANENT RESIDENT OF ANOTHER COUNTRY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE COMPANY OR ANY OF THE AUTHORIZED PERSONS OWN ANY BUSINESS(ES) OUTSIDE OF MALAYSIA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THERE ANY COURT ORDER OR BANKRUPTCY ORDERS AGAINST ANY OF THE AUTHORIZED PERSONS, IN ANY COUNTRY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE SOURCE OF INCOME FOR THE COMPANY AND AUTHORIZED PERSONS LEGITIMATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE COMPANY OR ANY OF THE AUTHORIZED PERSONS RECEIVED ANY PRIOR LEGAL NOTICE TO PAY OFF ANY OUTSTANDING LOANS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE COMPANY INVOLVED IN THE ACTIVITIES OF MONEY CHANGERS, REMITTANCE AGENTS, PAWNBROKERS, CASINO, PRECIOUS STONES AND METAL DEALERS ("HIGH RISK BUSINESS")?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE COMPANY OR ANY OF THE AUTHORIZED PERSONS HAVE A US TAXPAYER IDENTIFICATION NUMBER (TIN)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ANY OF THE AUTHORIZED PERSONS A POLITICALLY EXPOSED PERSON (PEP)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE COMPANY OR ANY OF THE AUTHORIZED PERSONS CONNECTED TO ANY LOCAL AND/OR FOREIGN POLITICALLY EXPOSED PERSONS (PEP)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DECLARE & CONFIRMATION

I, THE UNDERSIGNED, BEING AN AUTHORIZED REPRESENTATIVE OF _____
 HEREBY DECLARE AND CONFIRM THE FOLLOWING:

1. THE INFORMATION PROVIDED IN THIS KYC FORM IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. I HAVE OBTAINED CONFIRMATION FROM THE RELEVANT PARTIES THAT NONE OF THE BUSINESS ACTIVITIES CONDUCTED BY _____ FALL WITHIN THE CATEGORY OF HIGH-RISK BUSINESS AS DEFINED BY APPLICABLE LAWS AND REGULATIONS.
3. I HAVE PROPERLY DOCUMENTED ALL REQUIRED INFORMATION ABOUT _____ AND HAVE FILED ANY ADDITIONAL DOCUMENTS PROVIDED BY THE ENTITY.
4. I AM SATISFIED THAT ALL INFORMATION PROVIDED BY _____ IS ACCURATE AND COMPLETE, AND THERE IS NO REASON TO SUSPECT THAT THE INTENDED ACTIVITIES OF THE ENTITY INVOLVE MONEY LAUNDERING OR ANY OTHER ILLEGAL ACTIVITIES.
5. I UNDERSTAND MY RESPONSIBILITIES UNDER THE ANTI-MONEY LAUNDERING ACT AND OTHER RELEVANT REGULATIONS, AND I AM COMMITTED TO FULFILLING THESE OBLIGATIONS.
6. I HAVE INQUIRED AND AM SATISFIED THAT _____ CAN LEGITIMATELY ENGAGE IN THE INTENDED ACTIVITIES, CONSIDERING ITS FINANCIAL RESOURCES AND COMPLIANCE WITH RELEVANT LAWS AND REGULATIONS.
7. I CONFIRM THAT _____ WILL NOTIFY PRIME LANDMARK FUND LTD. IMMEDIATELY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS FORM.

 AUTHORIZED REPRESENTATIVE SIGNATURE

AUTHORIZED REPRESENTATIVE NAME:

DESIGNATION

DATE

COMPANY STAMP