

IMPORTANT: 1. Please complete in **CAPITAL LETTERS** and **BLACK INK** only, and tick where applicable. Any alterations made must be countersigned.
You are required to provide us with your latest details to avoid disruption in the online services that is offered on our online portal.
These services include the viewing of Account holdings and Account details, generating of Statement of Account, tax advices, and creating and verifying online transaction applications.

ACCOUNT DETAILS

Name of Corporation (as per Certificate of Incorporation)

Certificate of Incorporation No.

ALL Accounts DPM NDPM UTF **Account No.**

AUTHORISED PERSON (1)

Instruction
Select one only

- Add New Authorised Person
- Remove Existing Authorised Person
- Update Authorised Person's Information

Status
Leave blank if not applicable

- Assign as Default Authorised Person
- Remove Default Authorised Person

Name of Authorised Person

Designation

Office No.

Ext.

Mobile ()
Country Code

Email

AUTHORISED PERSON (2)

Instruction
Select one only

- Add New Authorised Person
- Remove Existing Authorised Person
- Update Authorised Person's Information

Status
Leave blank if not applicable

- Assign as Default Authorised Person
- Remove Default Authorised Person

Name of Authorised Person

Designation

Office No.

Ext.

Mobile ()
Country Code

Email

Note:
1. Each account requires One (1) default authorised person. You are required to provide details of the new default authorised person if you intend to remove your original default authorised person.
2. Contact your Portfolio Manager, or our Customer Care Consultant at Toll Free Number 1-800-88-7080 if you have any enquiries on your investment information.
3. An Authorised Person would have access to feature within the online portal, including but not limited to, viewing of Account holdings, Account details, generating the Statement of Account, generating transaction advices, and creating transaction applications on behalf of the Company for the Authorised Signatories to verify. The information presented in AHAM Capital online portal is for reference purposes, and is provided without prejudice.
4. You are required to complete all the fields within this form.
5. The Login credentials will be sent to the Authorised Person(s) via the email registered in this Form within five (5) business days from the day AHAM Capital receives the completed 'Corporate Investor e-Services Form' (the Form).

AUTHORISED SIGNATORY (1)

Update of Information

Name of Authorised Signatory

NRIC / Passport No.

Email

AUTHORISED SIGNATORY (2)

Update of Information

Name of Authorised Signatory

NRIC / Passport No.

Email

AUTHORISED SIGNATORY (3)

Update of Information

Name of Authorised Signatory

NRIC / Passport No.

Email

AUTHORISED SIGNATORY (4)

Update of Information

Name of Authorised Signatory

NRIC / Passport No.

Email

AUTHORISED SIGNATORY (5)

Update of Information

Name of Authorised Signatory

NRIC / Passport No.

Email

Note:

1. The Authorised Signatory(ies) may utilise the Form to update their contact information.
2. Please note that this Form cannot be used for updating of Authorised Signatory(ies).
3. By updating their email address, the Authorised Signatory(ies) will also be able to authorise online transaction applications.
4. Any inclusion, or removal of the Authorised Signatory(ies) within the Corporation will have to be made informed to AHAM Capital via a Board Resolution by the Corporation.
5. You agree that AHAM Capital shall not be responsible or liable to check, confirm and/or verify the authenticity of the signatures, not the respective Authorised Signatory's authority to sign, regardless of whether it is signed electronically or otherwise.

ACKNOWLEDGEMENT

We hereby authorise AHAM Asset Management Berhad ("AHAM Capital"), to allow the above named Authorised Person(s) to access our company's investment information via AHAM Capital's online portal for the purpose indicated in this Form. We acknowledge and agree that any changes, addition and / or removal of Authorised Person(s) must be done in writing to AHAM Capital.

We will take full responsibility and agree not to hold AHAM Capital liable for whatever losses and / or damages suffered by us as a result of AHAM Capital complying with the change request we have made via this Form.

Signature of Authorised Signatory

Date:

Affix Seal or
Company Stamp Here

Signature of Authorised Signatory

Date:

FOR AHAM CAPITAL OFFICE USE ONLY

Form Verified By:

Name:

Branch:

Date:

Processed By:

Name:

Date: