AHAM CAPITAL
ASSET MANAGEMENT

EDUSave
Account Opening & Information Update

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CHECKLIST - DOCUMENTS REQUIRED

	No	Document
Account Opening and Initial Investment		**Forms Required**
	1	❏ Individual Booklet
	2	❏ EDUSAVE Sub Account Opening Form
	3	❏ KYC Form (Investment amount more than RM100,000.00)
	4	❏ DDA Application Form (for client that sign up for DDA during account opening)
		Documents Required
	1	❏ Photocopy of Applicant's NRIC
	2	❏ Photocopy of Child's NRIC (option for parents-to-be applicants)
	3	❏ Proof of Payment
		Others
	1	❏ EDUSAVE Proposal (with complete signatory by applicant)

AHAM CAPITAL
ASSET MANAGEMENT

Individual Investor

EDUSAVE Account Opening & Information Update Form

In accordance with the Capital Markets and Services Act 2007, this form should not be circulated unless accompanied by the applicable Prospectus, Information Memorandum, Disclosure Document, and any supplemental and/or replacement thereto (if any). You should read and understand the contents of the relevant Prospectus, Information Memorandum, Disclosure Document, and any supplemental and/or replacement thereto (if any) before completing this form.

IMPORTANT: Please complete in **CAPITAL LETTERS** and **BLACK INK** only, and tick ☑ where applicable. Any alterations made must be countersigned.

Account Type ☐ Single ☐ Joint **Master Account No.** ____________

Client Type ☐ New ☐ Existing

DETAILS OF FIRST APPLICANT

Full Name (as per NRIC / Passport / Others)

NRIC No. ______ - __ - ____ **Passport No. / Other** ____________

DETAILS OF JOINT APPLICANT

Full Name (as per NRIC / Passport / Others)

NRIC No. ______ - __ - ____ **Passport No. / Other** ____________

EDUSAVE ACCOUNT DETAILS - CHILD'S INFORMATION

EDUSAVE Account 1

EDUSAVE Account No. ____________ - ____

For office use only.

☐ With Child ☐ Without Child

Date of Birth D D / M M / Y Y Y Y **Gender** ☐ Male ☐ Female

Relationship ☐ Parent / Child ☐ Grandparent / Grandchildren ☐ Godparent / Godchildren

☐ Others, please specify ____________

Child's Full Name (as per NRIC / Passport / Others)

NRIC No. ______ - __ - ____ **Passport No. / Other** ____________

Fund Name

Investment Amount _ , ___ , ___ , ___ . __

Sales Charge (%) _ . __

Distribution Instruction* ☐ Reinvest ☐ Credit to Bank Account**

Smart Save Plan***

Investment Amount _ , ___ , ___ , ___ . __

Sales Charge (%) _ . __

Mode of Frequency ☐ Monthly ☐ Yearly

Date of Deduction ☐ 5th ☐ 20th ☐ Both Dates

EDUSAVE Account 2

EDUSAVE Account No. ____________ - ____

For office use only.

☐ With Child ☐ Without Child

Date of Birth D D / M M / Y Y Y Y **Gender** ☐ Male ☐ Female

Relationship ☐ Parent / Child ☐ Grandparent / Grandchildren ☐ Godparent / Godchildren

☐ Others, please specify ____________

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Child's Full Name (as per NRIC / Passport / Others)

NRIC No. [- -] Passport No. / Other

Fund Name

Investment Amount , , , . Sales Charge (%) . Distribution Instruction*

☐ Reinvest ☐ Credit to Bank Account**

Smart Save Plan***

Investment Amount , , , . Sales Charge (%) . Mode of Frequency

☐ Monthly ☐ Yearly

Date of Deduction ☐ 5th ☐ 20th ☐ Both Dates

Note: ** This instruction is only applicable for new fund(s) that you are investing in. Kindly fill up the* ***Request for Change Form*** *if you would like to change the distribution instruction for your existing fund(s).*
*** Bank account registration required.*
**** Please complete the* ***Direct Debit Authorisation Form****.*

DECLARATION AND SIGNATURE(S)

I / We hereby agree that the opening of these sub-accounts are governed by the terms and conditions contained in the Terms and Conditions for Account Opening and further warrant and represent to AHAM Asset Management Berhad ("AHAM Capital") that I / we have read, understood, and accept the contents of the relevant Prospectus, Information Memorandum, Disclosure Document, and any supplemental and / or replacement thereto (if any) prior to me / us completing this form and agree to be bound by them for my / our initial and subsequent transactions with AHAM Capital.

I / We acknowledge that I / we am / are aware of the fees and charges that I / we will incur directly and indirectly when investing in the relevant fund, and such fees and charges are exclusive of goods and services tax (if applicable).

I / We acknowledge that I / we have received a copy of the Unit Trust Loan Financing Risk Disclosure Statement and understood its contents.

I / We hereby agree to indemnify AHAM Capital against all actions, suits, proceedings, claims, damages, and losses which may be suffered by AHAM Capital as a result of any inaccuracy of declarations herein.

Signature of First Applicant	Signature of Joint Applicant
Date:	Date:

IMPORTANT NOTE:
Please note that AHAM Capital and its distributors, including individual consultants and sales representatives, **are not allowed** to accept cash payment for the purchase of units of a fund. All investment payments should be made **via telegraphic transfer / cheque** to AHAM Asset Management Berhad only.

You are encouraged to verify the registration status of your Unit Trust Consultant with Federation of Investment Managers Malaysia (FIMM). Please visit https://www.fimm.com.my/search to check whether the individuals you are dealing with is an Authorised Consultant of AHAM Capital.

COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC / PRC)

Name (as per NRIC)

UTC / PRC Code

Delete where not applicable.

FOR OFFICE USE ONLY

Form Verified By:	Processed By:
Name:	Name:
Branch:	Date:
Date:	

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AHAM Asset Management Berhad
Registration No: 199701014290 (429786-T)

Ground Floor, Menara Boustead, 69, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia.
Toll Free Number: 1800 88 7080 T: +603 2116 6000 F: +603 2116 6100