



## TRANSACTION FORM

Please complete in BLOCK LETTERS and tick (✓) where applicable. Any alterations made must be countersigned.

Additional       Withdrawal       Switch

### 1. INVESTOR DETAILS

<b>Master Account No.</b>	
<b>Account Name</b> <i>(as per NRIC/ Passport/ Registration Certificate)</i>	

### 2. ADDITIONAL

Fund Name	Investment Amount (RM)	Payment Method
<input type="checkbox"/> Avian Growth Fund	Gross Amount:	<input type="checkbox"/> Cashier's Order/ Bank Draft <input type="checkbox"/> Domestic Transfer <input type="checkbox"/> Telegraphic Transfer
	Bank Charge:	
	Total Net Amount:	

<b>Payable to AVIAN CAPITAL SDN. BHD.</b>	
<b>Bank Name</b>	<b>Malayan Banking Berhad</b>
<b>Account No.</b>	<b>514123700587</b>

**Notes:**

- Third party account deposit is strictly prohibited.
- Cash transactions are not accepted.
- All payments made via bank transfer must be made payable to "Avian Capital Sdn. Bhd." and payor's full name as per NRIC/Passport/ID/Registration Certificate should be stated in the recipients' reference/description of transaction field.
- Please provide payment proof for our verification purposes.
- Your subscription application will be processed upon receipt of the completed form and your cheque cleared / remittance sighted at our end before 4 p.m. of each business day.

### 3. REDEMPTION

Partial Redemption       Full Redemption. Please **do not** close my/our account       Full Redemption. Please close my/our account

Fund Name	No. of Units
<input type="checkbox"/> Avian Growth Fund	

<b>Account Holder Name</b>	
<b>Bank Name</b>	
<b>Account No.</b>	

**Notes:**

- Payment to third parties is strictly NOT allowed.
- Bank charges may be applicable for payment of redemption proceeds, and it shall be borne by unit holder.

#### 4. SWITCH

Partial Switch       Full Switch

	Fund Name	No. of Units
From	<input type="checkbox"/> Avian Growth Fund	
To		

**Notes:**

- One (1) free switch per account per calendar year. Subsequent switching will be charged RM100 per transaction.

#### 5. DECLARATION

- I/We have received and read, and fully understood the terms and conditions in this Account Opening Form and the accompanying by the relevant Product Highlight Sheet(s), Information Memorandum(s) and its Supplemental Information Memorandum(s) (if any) of the respective wholesale funds.
- I/We further acknowledged that I/We are aware of the fees and charges and agree of the fees and charges directly or indirectly incurred when investing in this fund.
- I am/We are not acting as a nominee for any undisclosed third party and I/We declare that I am/we are neither engaged in any unlawful activity nor are my/our investment monies invested with the Manager derived from any illegal source or related to any illegal activity as defined by the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 ("AMLATFPUAA").
- I/We confirm that the payment is remitted from my/our own account.
- I/We hereby agree to Avian disclosing information herein to the regulators regarding your account, as may be required, whether pursuant to law or otherwise. Avian shall not be liable whether directly or indirectly to me/us/the entity or any other persons for such disclosure.

Authorised Signatory

Name:

Date:

Authorised Signatory/Joint Holder

Name:

Date:

Common Seal/Company Stamp

#### FOR OFFICE USE ONLY

	Staff Name	Signature	Date	Consultant (Distributor / Referral)	Remarks
Received by					
Processed and Verified by					
Approved by					