



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

1. PARTICULARS OF CORPORATE APPLICANT

Corporation Name <i>(as per the certificate of incorporation / registration)</i>			
Registered Address			
Correspondence Address			
Registration No.		Incorporation Date	DD MM YYYY
Place of Incorporation ^	<input type="checkbox"/> Malaysia <input type="checkbox"/> Non-Malaysia, country code: _____	Status of Residency ^	<input type="checkbox"/> Malaysia <input type="checkbox"/> Non-Malaysia, country code: _____
Nature of Business ^	Code: <input type="checkbox"/> Others, please specify: _____	Affiliations	<input type="checkbox"/> Yes (Please provide Corporate Structure) <input type="checkbox"/> No
Corporate Status	<input type="checkbox"/> Bumiputra Controlled <input type="checkbox"/> Non-Bumiputra Controlled <input type="checkbox"/> Non-Malaysian Controlled <input type="checkbox"/> Government Controlled <input type="checkbox"/> Others, please specify: _____		
Assets Net Worth	<input type="checkbox"/> Below RM10,000,000 <input type="checkbox"/> RM10,000,000 and above		
Purpose of Investment #	<input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Education Funding <input type="checkbox"/> Retirement Funding <input type="checkbox"/> Saving <input type="checkbox"/> Dividend <input type="checkbox"/> Others, please specify: _____		
Source of Wealth #	<input type="checkbox"/> Business Income <input type="checkbox"/> Investment <input type="checkbox"/> Others, please specify: _____		
Source of Investment Funds #	<input type="checkbox"/> Disposal of non-core business asset/Investments <input type="checkbox"/> Fund raising exercise such as right issues <input type="checkbox"/> Cash in hand/Surplus Fund/Working Capital <input type="checkbox"/> Others, please specify: _____		
Full Name of Director 1 <i>(as per NRIC/Passport)</i>		NRIC/Passport No.*	
Address			
Full Name of Director 2, if applicable <i>(as per NRIC/Passport)</i>		NRIC/Passport No.*	
Address			
Full Name of Contact Person <i>(as per NRIC/Passport)</i>		NRIC/Passport No.*	
Designation			
Office Email Address			
Contact No.	Home: _____	Office: _____	H/P: _____

* To provide copy of NRIC/Passport (Cross out with the remark "For Avian Capital Use Only")

^ Kindly refer to list of codes available under Country and Nature of Business Code and Description

May select more than 1

2. OPERATION OF ACCOUNT

Corporate Account	<input type="checkbox"/> As per Board Resolution <input type="checkbox"/> As per Sole Proprietor
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3. WHOLESALE FUND DECLARATION

I/We wish to invest into Wholesale Fund(s). I/We hereby declared and confirmed that I am/we are Sophisticated Investor(s)* as defined in the Guidelines on Unlisted Capital Market Products Under the Lodge and Launch Framework and the Guidelines on Categories of Sophisticated Investors (“Guidelines”) issued by the Securities Commission Malaysia (“SC”), and any person who comes within any of the categories of investors set out in Part 1, Schedule 6 and 7 of the Capital Markets and Services Act 2007 (Please refer to the Wholesale Fund’s Information Memorandum definition of Sophisticated investor).

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

I/We hereby solemnly affirm and declare that all the above are true.

High-Net Worth Entity Accredited Investors

Authorized Signatory 1

Name:

Date:

Authorized Signatory 2

Name:

Date:

4. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

Do you currently file a tax return in the United States ?		<input type="checkbox"/> Yes, please provide the US TIN No	<input type="checkbox"/> No
Type of Entity *	<input type="checkbox"/> Financial Institutions ⁽¹⁾	<input type="checkbox"/> Trust ⁽²⁾	<input type="checkbox"/> Listed Company
	<input type="checkbox"/> Non-Listed Company (Does any US person/entity ⁽³⁾ , directly or indirectly, own more than 25% of the organization)		

* May select more than 1

Notes:

- Financial Institutions refer to any organization that holds a banking, securities, and/or life insurance license. Examples of financial institutions include banks, life insurers, custodians, asset managers, investment funds.
- Trust to any legal arrangement or structure that holds and controls asset(s) for the benefit of the others (i.e. an individual or company that is not the trust or trustee).
- US Person /entity is defined as one of the following;
 - Citizen or resident of the US
 - Any estate of which any executor or administrator is a US person.
 - US Partnership or corporation.
 - Any trust subject to US supervision and sustainably controlled by a US person.

5. COMMON REPORTING STANDARD (“CRS”) DECLARATION

Please indicate your/the investor’s country of tax residence (if resident in more than one country, kindly provide all countries of tax residence and relevant Tax Identification Numbers (“TINs”). With only tax-residency of Malaysia Account Holder need not provide TIN and reason.

Country/Jurisdiction of tax residence *	TIN	If no TIN available, please provide the appropriate reason.

* You may indicate more than one country/jurisdiction.

6. COMMON REPORTING STANDARD(CRS) CLASSIFICATION

Financial Institutions under CRS

If the account holder is a Financial Institution, please tick one of the below categories:

Type Of Entity	Categories	
Financial Institution	Custodial Institution, Depository Institution or Specified Insurance Company	<input type="checkbox"/>
	Investment Entity, except an investment entity that is managed by another financial institution	<input type="checkbox"/>

0 Non-Financial Institutions under CRS

Type Of Entity	Categories	
Active NFE	Listed Company	<input type="checkbox"/>
	Trading company Exchange Name Related Entity of a Listed company	
	Trading company Exchange Name	<input type="checkbox"/>
	A government entity an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities	
Passive NFE	Investment entity that is managed by another financial institution and located in a non-participating jurisdiction	<input type="checkbox"/>
	NFE is not an active NFE	<input type="checkbox"/>

CONTROLLING PERSONS (mandatory if the Account Holder is a Passive NFE for CRS)

Indicate the name of all controlling persons of the account holder in the table below:

	Name of Controlling Person(s)
01	
02	
03	

7. FOREIGN CURRENCY FUND DECLARATION

I/We wish to invest into foreign currency denominated Fund(s). I/We have read and fully understood and shall comply with the requirements of the rules of the Foreign Exchange Policy of the Bank Negara Malaysia (“BNM”), including but not limited to, the rules in relation to Domestic Ringgit Borrowing*, and/or other requirements of the BNM or any other relevant authorities from time to time.

*Domestic Ringgit Borrowing is defined under the Notice 3: Any borrowing in foreign currency funds sourced from a Borrowing in Foreign Currency from a LOB for Direct Investment Abroad; or RM50 million equivalent per calendar year using funds sourced from the aggregate of conversion of Ringgit into Foreign Currency, Trade FCA, a Borrowing in Foreign Currency from a LOB for purposes other than Direct Investment Abroad and swapping of a Ringgit-denominated financial asset in Malaysia for a financial asset in Labuan Entity or outside Malaysia.

8. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Are/ Were you entrusted with any prominent public function such as head of state or government, senior politicians, senior government officials, judicial or military officials, senior executive of state owned corporations and important political party officials in Malaysia or any other country; (ii) entrusted with a prominent function by an international organisation which refers to members of senior management e.g. directors, deputy directors and members of the board or equivalent function (“PEP”) or (iii) having any business relationship with a PEP or a PEP’s family member/ close associate?

<input type="checkbox"/> Yes	Name:	Relationship:
	Country of PEP:	Position Held:
<input type="checkbox"/> No		

9. BENEFICIAL OWNERSHIP DECLARATION

Pursuant to the due diligence requirements set out in the Securities Commission’s Guidelines on Prevention of Money Laundering and Terrorism Financing for Reporting Institutions in the Capital Market, AVIAN CAPITAL SDN. BHD is obligated, as a reporting institution, to identify the beneficial owner(s) and controller(s) of your entity and to collect supporting documents relating thereto.

All information collected from this form will be used for due diligence purposes and AVIAN CAPITAL SDN. BHD undertakes not to transfer, release and disclose any information which you provide herein to any third party except as required by law, regulation or directive, or in relation to any legal action, or to any court, regulatory agency, government body or authority.

We hereby confirm the following:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	We have one or more individual(s) that owns/controls directly or indirectly (via intermediary ownership layers) 25% or more of our entity.
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If "YES", please complete the section below:

Beneficial Owner #1			
Full Name <i>(as per NRIC/Passport)</i>		Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others, please specify: _____
Address			
Email		Contact No.	
Date of Birth (dd/mm/yyyy)		Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
NRIC/Passport No.*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Company			
Position			
Contact No.	Office:	Fax:	
Source of Investment Funds #	<input type="checkbox"/> Salary/Commission <input type="checkbox"/> Investment Returns <input type="checkbox"/> Business Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Interest Income <input type="checkbox"/> Others: _____		
Source of Wealth #	<input type="checkbox"/> Savings <input type="checkbox"/> Pension Fund / EPF <input type="checkbox"/> Sale of Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Others: _____		
Effective shareholding (%) :			

Beneficial Owner #2			
Full Name <i>(as per NRIC/Passport)</i>		Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others, please specify: _____
Address			
Email		Contact No.	
Date of Birth (dd/mm/yyyy)		Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
NRIC/Passport No.*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Company			
Position			
Contact No.	Office:	Fax:	
Source of Investment Funds #	<input type="checkbox"/> Salary/Commission <input type="checkbox"/> Investment Returns <input type="checkbox"/> Business Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Interest Income <input type="checkbox"/> Others: _____		
Source of Wealth #	<input type="checkbox"/> Savings <input type="checkbox"/> Pension Fund / EPF <input type="checkbox"/> Sale of Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Others: _____		
Effective shareholding (%) :			

* To provide copy of NRIC/Passport (Cross out with the remark "For Avian Capital Use Only")

May select more than 1

[If you have more than 2 Beneficial Owners, please continue in Appendix 2]

If "NO", please complete the section below:

Senior Managing Official #1			
Full Name <i>(as per NRIC/Passport)</i>		Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others, please specify: _____
Address			

Email		Contact No.	
Date of Birth (dd/mm/yyyy)		Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
NRIC/Passport No.*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Company			
Position			
Contact No.	Office:	Fax:	
Source of Wealth #	<input type="checkbox"/> Savings <input type="checkbox"/> Pension Fund / EPF <input type="checkbox"/> Sale of Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Others: _____		
Effective shareholding (%):			

Senior Managing Official #2			
Full Name <i>(as per NRIC/Passport)</i>		Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others, please specify: _____
Address			
Email		Contact No.	
Date of Birth (dd/mm/yyyy)		Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, country code: _____
NRIC/Passport No.*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Company			
Position			
Contact No.	Office:	Fax:	
Source of Wealth #	<input type="checkbox"/> Savings <input type="checkbox"/> Pension Fund / EPF <input type="checkbox"/> Sale of Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Others: _____		
Effective shareholding (%):			

* To provide copy of NRIC/Passport (Cross out with the remark "For Avian Capital Use Only")

May select more than 1

[If you have more than 2 Senior Managing Officials, please continue in Appendix 2]

10. BANK REFERENCES OF ACCOUNT HOLDER

Bank Name	
Account No.	

Notes:

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

11. INITIAL INVESTMENT(S)

Fund Name	Investment Amount (RM)	Payment Method	Distribution 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	Reinvest (Default)
	Bank Charge:		
	Total Net Amount:		

Payable to AVIAN CAPITAL SDN. BHD.	
Bank Name	Malayan Banking Berhad
Account No.	514123700587

Notes:

1. Third party account deposit is strictly prohibited.
2. Cash transactions are not accepted.
3. 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.
4. Please provide payment proof for our verification purposes.

12. DECLARATION

1. 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.
2. 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.
3. 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").
4. I/We confirm that the payment is remitted from my/our own account.
5. I/We will promptly inform Avian Capital of any changes to the information provided in this form.
6. 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.
7. **For Sole Proprietor**, I/we hereby declare that I am sole legal and beneficial owner of all the monies invested in Avian Capital.
8. **For Non-Listed Companies**, I/we hereby declare that company is NOT any of the following: (a) Financial Institution; (b) Trust; or (c) A non-listed entity of which more than 25% is directly /indirectly owned by any US person/entity.

Authorised Signatory

Name:

Date:

Authorised Signatory

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					

GENERAL DOCUMENT(S) REQUIRED	
<input type="checkbox"/>	Duly completed and signed Account Opening Form
<input type="checkbox"/>	Duly completed and signed Suitability Assessment Form
<input type="checkbox"/>	Board Resolution to open account with specimen signatures of all Authorised signatories
<input type="checkbox"/>	Photocopy of NRIC or passport of all authorized signatories who are not directors
<input type="checkbox"/>	Certificate of Incorporation or company (Form 9 or its equivalent)
<input type="checkbox"/>	Latest Notice of Change of Company Name (Form 13 or equivalent) if applicable
<input type="checkbox"/>	Memorandum and articles of association or its equivalent
<input type="checkbox"/>	Shareholders Structure
<input type="checkbox"/>	Latest particulars in Register of Directors, Managers and Secretaries
<input type="checkbox"/>	Payment Proof

COUNTRY CODE AND DESCRIPTION					
AD	Andorra	CI	Ivory Coast	GM	Gambia
AE	United Arab Emirates	CK	Cook Islands	GN	Guinea
AF	Afghanistan	CL	Chile	GQ	Equatorial Guinea
AG	Antigua and Barbuda	CM	Cameroon	GR	Greece
AI	Anguilla	CN	China	GT	Guatemala
AL	Albania	CO	Colombia	GU	Guam
AM	Armenia	CR	Costa Rica	GW	Guinea-Bissau
AN	Netherlands Antilles	CRN	Crimea Region	GY	Guyana
AO	Angola	CU	Cuba	HK	Hong Kong
AQ	Antarctica	CV	Cape Verde	HN	Honduras
AR	Argentina	CW	Curacao	HR	Croatia
AS	American Samoa	CX	Christmas Island	HT	Haiti
AT	Austria	CY	Cyprus	HU	Hungary
AU	Australia	CZ	Czech Republic	ID	Indonesia
AW	Aruba	DE	Germany	IE	Ireland
AZ	Azerbaijan	DJ	Djibouti	IL	Israel
BA	Bosnia and Herzegovina	DK	Denmark	IM	Isle of Man
BB	Barbados	DM	Dominica	IN	India
BD	Bangladesh	DO	Dominican Republic	IO	British Indian Ocean Territory
BE	Belgium	DZ	Algeria	IQ	Iraq
BF	Burkina Faso	EC	Ecuador	IR	Iran
BG	Bulgaria	EE	Estonia	IS	Iceland
BH	Bahrain	EG	Egypt	IT	Italy
BI	Burundi	EH	Western Sahara	JE	Jersey
BJ	Benin	ER	Eritrea	JM	Jamaica
BL	Saint Barthelemy	ES	Spain	JO	Jordan
BM	Bermuda	ET	Ethiopia	JP	Japan
BN	BRUNEI DARUSSALAM	FI	Finland	KE	Kenya
BO	Bolivia	FJ	Fiji	KG	Kyrgyzstan
BR	Brazil	FK	Falkland Islands	KH	Cambodia
BS	Bahamas	FM	Micronesia	KI	Kiribati
BT	Bhutan	FO	Faroe Islands	KM	Comoros
BW	Botswana	FR	France	KN	Saint Kitts and Nevis
BY	Belarus	GA	Gabon	KP	North Korea
BZ	Belize	GB	United kingdom	KR	Republic of Korea
CA	Canada	GD	Grenada	KW	Kuwait
CC	Cocos Islands	GE	Georgia	KY	Cayman Islands
CD	Democratic Republic of the Congo	GG	Guernsey	KZ	Kazakhstan
CF	Central African Republic	GH	Ghana	LA	Laos
CG	Republic of the Congo	GI	Gibraltar	LB	Lebanon
CH	Switzerland	GL	Greenland	LC	Saint Lucia

LI	Liechtenstein	NZ	New Zealand	SV	El Salvador
LK	Sri Lanka	OM	Oman	SX	Sint Maarten
LR	Liberia	OT	OTHERS	SY	Syria
LS	Lesotho	PA	Panama	SZ	Swaziland
LT	Lithuania	PE	Peru	TC	Turks and Caicos Islands
LU	Luxembourg	PF	French Polynesia	TD	Chad
LV	Latvia	PG	Papua New Guinea	TG	Togo
LY	Libya	PH	Philippines	TH	Thailand
MA	Morocco	PK	Pakistan	TJ	Tajikistan
MC	Monaco	PL	Poland	TK	Tokelau
MD	Moldova	PM	Saint Pierre and Miquelon	TL	East Timor
ME	Montenegro	PN	Pitcairn	TM	Turkmenistan
MF	Saint Martin	PR	Puerto Rico	TN	Tunisia
MG	Madagascar	PS	Palestine	TO	Tonga
MH	Marshall Islands	PT	Portugal	TR	Turkey
MK	Macedonia	PW	Palau	TT	Trinidad and Tobago
ML	Mali	PY	Paraguay	TV	Tuvalu
MM	Myanmar	QA	Qatar	TW	TAIWAN, PROVINCE OF CHINA
MN	Mongolia	RE	Reunion	TZ	Tanzania
MO	Macao	RO	Romania	UA	Ukraine
MP	Northern Mariana Islands	RS	Serbia	UG	Uganda
MR	Mauritania	RU	Russia	US	United States
MS	Montserrat	RW	Rwanda	UY	Uruguay
MT	Malta	SA	Saudi Arabia	UZ	Uzbekistan
MU	Mauritius	SB	Solomon Islands	VA	Vatican
MV	Maldives	SC	Seychelles	VC	Saint Vincent and the Grenadines
MW	Malawi	SD	Sudan	VE	Venezuela
MX	Mexico	SE	Sweden	VG	British Virgin Islands
MY	MALAYSIA	SG	Singapore	VI	U.S. Virgin Islands
MZ	Mozambique	SH	Saint Helena	VN	VIET NAM
NA	Namibia	SI	Slovenia	VU	Vanuatu
NC	New Caledonia	SJ	Svalbard and Jan Mayen	WF	Wallis and Futuna
NE	Niger	SK	Slovakia	WS	Samoa
NG	Nigeria	SL	Sierra Leone	XK	Kosovo
NI	Nicaragua	SM	San Marino	YE	Yemen
NL	Netherlands	SN	Senegal	YT	Mayotte
NO	Norway	SO	Somalia	ZA	South Africa
NP	Nepal	SR	Suriname	ZM	Zambia
NR	Nauru	SS	South Sudan	ZW	Zimbabwe
NU	Niue	ST	Sao Tome and Principe		

NATURE OF BUSINESS CODE AND DESCRIPTION	
01	AGRICULTURE / FORESTRY
02	MINING / QUARRYING
03	CONSTRUCTION
04	INSURANCE
05	AUDIT, ACCOUNTING, TAX, LEGAL FIRM, COMPANY SECRETARY
06	FINANCIAL INSTITUTIONS, CAPITAL MARKET, INSTITUTION / INTERMEDIARY
07	PROPERTY MANAGEMENT / REAL ESTATE
08	EDUCATION
09	HEALTH SERVICES
10	SERVICE INDUSTRY
11	FEDERAL OR STATE GOVERNMENT, REGULATORY AUTHORITY
12	MONEY SERVICES / CASH INCENTIVE BUSINESS
13	CASINO, BETTING AND OTHER GAMBLING RELATED ACTIVITIES
14	BUSINESS IN VALUABLES OR PRECIOUS GOODS
15	MANUFACTURERS, DEALERS, INTERMEDIARIES OF ARMAMENT OR WEAPONS RELATED BUSINESS
16	NGO
17	MEDIA & TELECOMMUNICATION
18	FOOD AND BEVERAGES
19	ENGINEERING
20	MANUFACTURING
21	HOTEL / TRAVEL SERVICES
22	ENTERTAINMENT OUTLETS
00	OTHERS