

Stapler Here



NOMINATION/REVOCAION/ CHANGE OF JOINT APPLICANT

All Accounts
 Account No. **1** _____
2 _____
3 _____

Use only **BLOCK LETTERS** and **BLACK INK** when completing this form and tick where applicable.

1 PARTICULARS OF APPLICANT(S)

First Applicant's Name _____

First Applicant's NRIC (new) / Passport No. _____ Tel. No. _____

Joint Applicant's Name _____ Joint Applicant's NRIC (new) / Passport / Birth Cert. No. _____

2 NOMINATION/REVOCAION/CHANGE OF JOINT APPLICANT (Please complete either Section 2.1, 2.2 or 2.3)

2.1. Nomination Of New Joint Applicant (Please complete this section together with Sections 3 and 4 only)

I hereby agree to nominate _____ (name of new Joint Applicant)
as the Joint Applicant for all account(s) / the accounts as indicated on the top right corner of this form.

2.2. Revocation Of Joint Applicant (Please complete this section together with Section 4 only)

I hereby agree to revoke _____ (name of existing Joint Applicant)
as the Joint Applicant for all account(s) / the accounts as indicated on the top right corner of this form.

2.3. Change Of Joint Applicant (Please complete this section together with Sections 3 and 4 only)

I/We hereby agree to revoke the existing Joint Applicant, _____ (name of existing Joint Applicant),
and to nominate _____ (name of new Joint Applicant)
as the new Joint Applicant for all account(s) / the accounts as indicated on the top right corner of this form.

3 PARTICULARS OF NEW JOINT APPLICANT (Field names with Bold Italic font style are mandatory information)

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Madam <input type="checkbox"/> Others, please specify _____	NRIC (new) / Passport / Birth Cert. No. _____	Date Of Birth (DD/MM/YYYY) _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others, please specify _____	Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian, please specify _____
For Non-Malaysian Tax Resident, please state your Tax Resident Country _____	Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others, please specify _____	Occupation <input type="checkbox"/> Professional <input type="checkbox"/> Managerial <input type="checkbox"/> Clerical <input type="checkbox"/> Student <input type="checkbox"/> Businessman <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Director / Senior Management <input type="checkbox"/> Retiree / Pensioner / Housewife <input type="checkbox"/> Executive <input type="checkbox"/> Others, please specify _____			
Annual Household Income <input type="checkbox"/> < RM24,000 <input type="checkbox"/> RM24,001 – RM60,000 <input type="checkbox"/> RM60,001 – RM120,000 <input type="checkbox"/> RM120,001 – RM240,000 <input type="checkbox"/> > RM240,000					
Source Of Income <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Employment <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Others, please specify _____					
Mother's Maiden Name _____			Relationship With First Applicant _____		
Authority To Operate Account(s) <input type="checkbox"/> First Applicant to sign. <input type="checkbox"/> Both Applicants must sign. <input type="checkbox"/> Either Applicant to sign. <small>(Not applicable for joint application with a minor)</small> <small>(Not applicable for joint application with a minor)</small>			Specimen Signature Of New Joint Applicant _____		

4 DECLARATIONS AND SIGNATURES

By signing this, I/we acknowledge that I/we have read and understood the Deed and current issue of the Prospectus relating to the Fund(s) and agree to be bound by the Terms and Conditions. I/We hereby agree to indemnify BOS Wealth Management Malaysia Berhad (BOSWMM MY), the Trustees and any of their authorised representatives against any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred by any or all of them arising either directly or indirectly out of or in connection with BOSWMM MY accepting, relying on or failing to act on any instructions given by or on behalf of the applicant(s) unless due to the wilful default or negligence of BOSWMM MY.

First Applicant _____	Date _____	Joint Applicant _____	Date _____
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FOR OFFICE USE ONLY

Remarks _____	Form Verified By _____	Date _____	Receipt Stamp
Effective Date _____	Processed By _____	Date _____	
Signature Verified By _____	Date _____	Authorised By _____	