

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

Note: Under the OECD Common Reporting Standard for Common Exchange of Financial Account Information (the CRS), it is important for the Account Holder to provide BOS Wealth Management Malaysia Berhad (BOSWM MY) with complete and accurate tax residence status and related information, and if applicable, the tax residence status of each natural person that is a Controlling Person. For any change in circumstances which affects the Account Holder's and/or the Controlling Person's information provided in relation to the CRS, it is important that the Account Holder and/or Controlling Person(s) must advise us within 30 days of any such change and provide us with an updated CRS Self-Certification Form.

1 PARTICULARS OF CORPORATE APPLICANT (MANDATORY INFORMATION)

Name Of Corporation (as per Certificate Of Incorporation)

Business Registration No. Nature Of Business

Business

<input type="checkbox"/> Agriculture, Forestry & Fishery	<input type="checkbox"/> Finance / Banking	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Others, please specify <input type="text"/>
<input type="checkbox"/> Automobile	<input type="checkbox"/> Government / Public Admin.	<input type="checkbox"/> Mining	<input type="checkbox"/> Transportation	<input type="text"/>
<input type="checkbox"/> Construction / Property Dev.	<input type="checkbox"/> Insurance & Real Estate	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Wholesale Trade	

Source Of Income

Disposal of non-core business Fund raising exercise Cash-in-hand Working capital Surplus fund Others, please specify

2 OTHER PARTICULARS

Date Of Incorporation Country Of Incorporation Malaysia Others, please specify Status Bumiputra Controlled Non-Bumiputra Controlled Non-Malaysian Controlled

For Non-Malaysian Tax Resident, please state your Tax Resident Country

Contact Person (1)

Name (as per NRIC/Passport)

Designation Department

Tel. No. Extension Fax

E-mail Address

Contact Person (2)

Name (as per NRIC/Passport)

Designation Department

Tel. No. Extension Fax

E-mail Address

3 CHANGE OF CORRESPONDENCE DETAILS

New Correspondence Address

Postcode City/Town State

Tel. No. Fax. No. Country

4 CHANGE OF DISTRIBUTION INSTRUCTION

Reinvest Bank Transfer

Note: Distribution amounting to less than or equal to the amount of RM200 will be automatically reinvested on the distribution payment date.

Bank Name Bank Account No. Bank Branch

5 CHANGE OF SERVICING AGENT

I/We hereby notify that I/we wish to change the existing servicing agent, named agent code to a new agent, named agent code for all accounts. For specific account(s), please indicate

6 DECLARATIONS AND SIGNATURES

I/We declare that all particulars and information given in this Update of Particulars form are true and correct and that I/we have not withheld any material facts or information from BOSWM MY. BOSWM MY is entitled to fully rely on such information for all purposes. I/we undertake to furnish BOSWM MY with additional information as BOSWM MY may require at any time and also undertake to inform BOSWM MY of any changes with regard to the particulars stated herein from time to time.

I/We hereby agree to indemnify BOSWM MY, the Trustee(s) and any of their agents 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 BOSWM MY accepting, relying on or failing to act on any instructions given by or on behalf of the applicants unless to the wilful default or negligence of BOSWM MY.

Authorised Signatory (1) Date

Authorised Signatory (2) Date

Affix Seal or Company Stamp

FOR OFFICE USE ONLY

Remarks Effective Date

Form Verified By Date

Received Date Stamp

Signature Verified By Date

Processed By Date

Checked By Date