

### Customer Information Update Form – For Individual Customers

Full Name:		Malaysian IC No./Passport No.:	
Nationality:		Passport Expiry Date (if Non-Malaysian and Non-PR)	
Country of Residence:		Visa Expiry Date (if Non-Malaysian and Non-PR)	
Residential Address:			
	Postcode:	State:	Country:
Correspondence Address: (If different from Residential Address)			
	Postcode:	State:	Country:
Country Code / Mobile Phone No:		Country Code / Office Phone No:	
Country Code / Home Phone No:		Email Address:	<input type="checkbox"/> I have email address <input type="checkbox"/> I do not have email address
Occupation:		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business:
Name of Employer:		Position Held:	
Annual Income:	<input type="checkbox"/> RM24,000 and below per annum <input type="checkbox"/> RM60,001 – RM80,000 per annum <input type="checkbox"/> RM24,001 – RM30,000 per annum <input type="checkbox"/> RM80,001 – RM100,000 per annum <input type="checkbox"/> RM30,001 – RM36,000 per annum <input type="checkbox"/> RM100,001 – RM120,000 per annum <input type="checkbox"/> RM36,001 – RM48,000 per annum <input type="checkbox"/> RM120,001 – RM250,000 per annum <input type="checkbox"/> RM48,001 – RM60,000 per annum <input type="checkbox"/> Above RM250,000 per annum		
Purpose of Account Opening	<input type="checkbox"/> Salary Crediting <input type="checkbox"/> Investment <input type="checkbox"/> Trust Account <input type="checkbox"/> Savings <input type="checkbox"/> Business Transactions <input type="checkbox"/> Collection Account <input type="checkbox"/> FD Interest Crediting <input type="checkbox"/> Serving Loans/Loan Repayment <input type="checkbox"/> Others: _____		
Source of Funds:	<input type="checkbox"/> Salary Income <input type="checkbox"/> Business Income / Proceeds <input type="checkbox"/> Retirement Fund/Pension <input type="checkbox"/> Rental Income <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Investment/Dividend/Interest <input type="checkbox"/> Inheritance / Gift <input type="checkbox"/> Bank Borrowing/Loan/Financing <input type="checkbox"/> Maturity of Insurance Policy <input type="checkbox"/> Lottery/Gambling Win <input type="checkbox"/> Proceeds from Insurance Claim <input type="checkbox"/> Others: _____		
Source of Wealth:	<input type="checkbox"/> Employment Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance		
<input type="checkbox"/> I declare there are no changes to my existing Customer Information Records with the bank. <input type="checkbox"/> I declare the information submitted above is correct and authorize the bank to update this latest information in the bank's Customer Information Records.			
<b>Customer Signature:</b>		<b>Date:</b>	
I confirm that the signature on this form is my specimen signature for Bank records.			
<b>For bank's use only:</b>			
<input type="checkbox"/> Update and upload FATCA & CRS Self-Certification form for change of circumstance  <input type="checkbox"/> Email to Group Finance upon change of residency and or country status	Attended By	Updated By	Checked By
	Date & Time	Date & Time	Date & Time