

Non-Individual Customer Information Update Form

Business Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Sdn Bhd / Berhad <input type="checkbox"/> Law Firm (Office / Client Account) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Others: _____			
Registered Name:				
Business Registration Number:	Country of Incorporation: <input type="checkbox"/> Malaysia <input type="checkbox"/> Others:			
Registered Address:				
	Postcode:	State:	Country:	
Principal Address of Business: (If different from Registered Address)				
	Postcode:	State:	Country:	
Business Telephone:	Business Email Address:	<input type="checkbox"/> We have email address (please indicate) _____ <input type="checkbox"/> We do not have email address		
Nature of Business:				
Source of Funds:	<input type="checkbox"/> Salary Income <input type="checkbox"/> Business Income / Proceeds <input type="checkbox"/> Retirement Fund / Pension / Investment <input type="checkbox"/> Investment return, Dividend / Interest Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Bank Borrowing / Loan / Financing <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Parents / Guardian <input type="checkbox"/> Lottery / Gambling win <input type="checkbox"/> Proceeds from Insurance Claim / Settlement <input type="checkbox"/> Inheritance / Gift <input type="checkbox"/> Maturity of Insurance Policy <input type="checkbox"/> Others: _____			
Source of Wealth:	<input type="checkbox"/> Salary Income <input type="checkbox"/> Retained Earning <input type="checkbox"/> Retirement Fund / Pension / Investment <input type="checkbox"/> Parents / Guardian <input type="checkbox"/> Others: _____			
Purpose of Account:	<input type="checkbox"/> Salary Crediting <input type="checkbox"/> Savings <input type="checkbox"/> FD Interest / TD Profit Crediting <input type="checkbox"/> Investment <input type="checkbox"/> Business Transactions <input type="checkbox"/> Loans / Financing Payment <input type="checkbox"/> Trust Account <input type="checkbox"/> Collection Account <input type="checkbox"/> Others: _____			
<input type="checkbox"/> Entity Incorporated with SSM or equivalent (Sole Proprietor / Partnership/ Sdn Bhd - Beneficial Owner) <input type="checkbox"/> Other Entity Not Incorporated with SSM or equivalent (Chairman/ Secretary / Treasurer)	Name	NRIC/Passport	Position Held	Shareholding %

I/We hereby declare the information submitted is correct and will furnish the bank with the necessary certified true copy documents reflecting the updated information and consent the bank to update my latest information in the bank's Customer Information Records for the following account number(s):

Signed by Authorized Signatory with Company Stamp:

Date:

For bank's use only:

<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