

Date:

Asset Management

Corporate Investor e-Services **Application Form**

MPORTANT: Please co	mplete in CAPITAL LETTERS and BLACK INK only, and tick	√ where a	applicable. Any altera	ations made must be counter	rsigned.
Affin Hwang AM Accou	ınt No.	-		Contact Person	i-Access
ALL Accounts	UTF PRS DI	PM	NDPM		e-Statement
DETAILS OF ACCOU	JNT HOLDER:				
Name of Corporation:					
– as per Certificate of Ind	corporation)				
Company Registration N	No.:		Update	Addition	Removal
Details	Authorised Person 1			Authorised Person 2	
Name:					
NRIC No:					
Designation:					
Contact No. (Off):					
Contact No. (H/P):					
Email Address:					
We hereby authorise Affin Hwang Asset Management Berhad ("Affin Hwang AM") to allow the above named person(s) to access our company's investment information via Affin Hwang AM's online portal and receive Statement of Account via email. We acknowledge and agree that any changes, addition and / or removal of authorised person(s) must be done in writing to Affin Hwang AM. We will take full responsibility of this request and agree not to hold Affin Hwang AM liable for whatever losses and /or damages suffered by us as a result of Affin Hwang AM complying with this request.			Affix Seal Or		
We acknowledge and agree that any changes, addition and/or removal of authorised person(s) must be done in writing to Affin Hwang AM".				Company Stamp Here	
			Authorised Signator	y(ies) with Company Stamp	/ Common Seal
			Date :		
2. Please contact our Cus B. Authorised persons n I. Each account can be	ented in Affin Hwang AM's online portal is merely for refer stomer Care Consultant at toll free line 1-800-88-7080 if you nay only view the investment details and may not perform accessed by a maximum of two IDs. ne required fields in this form.	have any end	quiries or should there	be any discrepancy in your in	vestment information.
Your User ID and passwo	ord will be sent to you via email within five (5) business days fro	m the day Af	ffin Hwang AM receive	es the Corporate Investor e-Serv	ices Application Form.
	FOR AFFIN HWANG A	AM OFFICE	USE ONLY		
Form Verified By:		Processed By:			
Name:		Name:			
Branch:	ı: Date:				