

PENYATA PENDEDAHAN RISIKO PEMBIAYAAN PINJAMAN AMANAH UNIT

Melabur dalam Dana Unit Amanah dengan Wang yang Dipinjam Lebih Berisiko daripada Melabur dengan Simpanan Anda Sendiri.

Anda harus menilai sama ada pembiayaan pinjaman sesuai untuk anda berdasarkan objektif, sikap terhadap risiko dan keadaan kewangan anda. Anda harus mengetahui risikonya, yang meliputi:

1. **Semakin tinggi margin pembiayaan (iaitu jumlah wang yang anda pinjam untuk setiap Ringgit dari wang anda sendiri yang anda masukkan sebagai deposit atau wang pendahuluan), semakin besar potensi kerugian dan keuntungan.**
2. **Anda harus menilai sama ada anda mempunyai kemampuan untuk membayar pembayaran balik pinjaman yang dicadangkan. Sekiranya pinjaman anda adalah pinjaman kadar berubah, dan jika kadar faedah meningkat, jumlah pembayaran balik anda akan meningkat.**
3. **Sekiranya harga unit jatuh melebihi tahap tertentu, anda mungkin diminta untuk memberikan jaminan tambahan yang boleh diterima atau membayar jumlah tambahan di atas ansuran biasa anda. Sekiranya anda tidak mematuhi dalam masa yang ditentukan, unit anda mungkin dijual untuk menyelesaikan pinjaman anda.**
4. **Keuntungan unit amanah tidak dijamin dan mungkin tidak diperoleh secara dari masa ke masa. Ini bermaksud mungkin ada beberapa tahun di mana pulangannya tinggi dan tahun-tahun lain di mana kerugian akan dialami. Keuntungan atau kerugian mungkin dipengaruhi oleh masa penjualan unit anda. Nilai unit mungkin jatuh ketika anda menginginkan wang anda kembali walaupun pelaburan mungkin telah berjalan dengan baik pada masa lalu.**

Penyataan ringkas ini tidak dapat mendedahkan semua risiko dan aspek pembiayaan pinjaman. Oleh itu, anda mesti mengkaji terma dan syarat dengan teliti sebelum anda memutuskan untuk mengambil pinjaman. Sekiranya anda ragu-ragu mengenai aspek penyataan pendedahan risiko ini, atau syarat pembiayaan pinjaman, anda harus berjumpa dengan institusi yang menawarkan pinjaman.

PERSETUJUAN PENERIMAAN PENYATA PENDEDAHAN RISIKO

Saya mengakui bahawa saya telah menerima salinan Penyataan Risiko Pembiayaan Pinjaman Unit Amanah ini dan memahami kandungannya.

Tandatangan : _____

Nama: _____

NRIC/Passpot No.: _____

Tarikh: _____

Instructions to applicant : Individual - Kindly Complete Parts 1, 2, 3, 4 & 6
 Non-Individual - Kindly Complete Parts 3, 4, 5 & 6
 Tick [✓] where appropriate. Please complete in **BLOCK LETTERS** and **BLACK INK** only.

MASTER APPLICATION FORM

Individual Joint
 Non-Individual

Please read the latest **Master Prospectus(es)** and its **Supplementary(ies)** (if any) of the Fund(s) to be invested in before completing this Form. This Form should be circulated together with the **Master Prospectus(es)** and its **Supplementary(ies)** (if any) in accordance with the requirement of the Capital Markets & Services Act 2007 (CMSA).

1. PARTICULARS OF THE FIRST INDIVIDUAL APPLICANT

You **MUST** be 18 years and above as at the date of this application. Please provide a copy of your NRIC or Passport.

Full Name (Mr/Mrs/Ms/Mdm) (as in NRIC / Passport) :

NRIC (Old) / Passport No.	NRIC No. (New)
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NRIC (Old) / Passport No. _____ - _____ - _____
 Date of Birth (dd/mm/yyyy) _____ - _____ - _____ Sex Male Female

Marital Status Single Married Widowed Divorced No. of Dependents (please indicate) _____

Status Malaysian/Bumiputera Malaysian/Non-Bumiputera Non-Malaysian (please specify) _____

Religion Muslim Other (please specify) _____

Race Malay Chinese Indian Others (please specify) _____

Occupation _____

Educational Level Primary Secondary STPM / Diploma / PreU Degree Post Graduate

Annual Household Income Below RM18,000 RM18,001 - RM36,000 RM36,001 - RM60,000

RM60,001 - RM96,000 RM96,001 and Above

Source of Income Employment Business Savings / Inheritance

Name of employer _____

Employer's contact no. _____ Fax no. : _____

2. PARTICULARS OF JOINT INDIVIDUAL APPLICANT / DESIGNATED SECOND ACCOUNT HOLDER **

Full Name (Mr/Mrs/Ms/Mdm) (as in NRIC / Passport / Birth Certificate)

NRIC (Old) / Passport No.	NRIC No. (New)
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NRIC (Old) / Passport No. _____ - _____ - _____
 Date of Birth (dd/mm/yyyy) _____ - _____ - _____ Sex Male Female

Status Malaysian/Bumiputera Malaysian/Non-Bumiputera Non-Malaysian (please specify) _____

Relationship to Principal Applicant Parent Spouse Child Sibling Relative Others (please specify) _____

Operating Instruction Principal Applicant to sign Either one to sign Both to sign

** A minor (i.e. below 18 years) can be named as a Designated Account Holder. Please provide a copy of the minors's Birth Certificate /NRIC.

Adult applicants must submit a copy of NRIC.

3. CORRESPONDENCE ADDRESS (INDIVIDUAL / NON-INDIVIDUAL)

Address _____

Post Code _____ City _____

State _____ Country _____

Tel. No. _____ - _____ (House) _____ - _____ (Mobile)

_____ - _____ (Office) Fax No. _____ - _____

E-mail _____

4. DISTRIBUTION INSTRUCTION (INDIVIDUAL / NON-INDIVIDUAL)

Reinvest
 Cheque/e-Payment

For e-Payment please provide:

Bank Account No. _____
(Please attach a supporting document on bank account number)

PMB Investment Berhad (256439-D)
 (A member of Pelaburan MARA Group)

2nd Floor, Wisma PMB, No. 1A, Jalan Lumut, 50400 Kuala Lumpur
 General Line Tel : 03-4145 3800 Investor Care Line : 03-4145 3900 Fax : 03-4145 3901
 E : clients@pelburanmara.com.my W : www.pmbinvest.com.my

5. PARTICULARS OF NON-INDIVIDUAL APPLICANT (COMPANY / CORPORATION / PARTNERSHIP / OTHER ENTITIES)

Please provide a certified true copy of Board Resolution/ Extract of Minutes of Meeting/ Signatories List/ Copy of NRIC or Passport (*where applicable*).

Name of Applicant (*as in certificate of incorporation*)

Nature of Business

Company / Registration No.

Status

Incorporated in Malaysia/Bumiputera Controlled

Incorporated in Malaysia/Non-Bumiputera Controlled

Incorporated Outside Malaysia (*please specify*) _____

Source of Income

Disposal of non-core business / asset / investments

Cash in hand / surplus fund / working capital

Fund raising exercise such as right issue

Contact Person (1)

Designation

Department

Tel. No. - (Office) Ext. Fax No. -

E-mail

Contact Person (2)

Designation

Department

Tel. No. - (Office) Ext. Fax No. -

E-mail

6. DECLARATIONS AND SIGNATURES

I/We have read and fully understood the latest Master Prospectus(es) and its Supplementary(ies) (if any) for the Fund(s) to be invested in, and fully aware of the fees and charges that will directly and indirectly incur when investing in the Fund(s) and agree to be bound by the Terms and conditions. By completing this Form, I/We acknowledge and accept that PMB Investment Berhad has absolute discretion to rely on this confirmation form and undertake to indemnify and hold harmless PMB Investment Berhad, its employees and consultants against all costs, expenses, loss of liabilities, claims and demand arising out of this confirmation. I/We fully understand that PMB Investment Berhad will not proceed with the request stated in this form unless the relevant documents are furnished and completed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Applicant/Authorised Signatory(ies)/ Company Stamp	Date	Second Applicant	Date

For Joint Application, please tick (✓) account opening mode for future transaction.

Either Applicant to sign

Both Applicants must sign

Your personal information collected and maintained by us in this form (or any other legitimate source) may be processed by us or any other institution directly related to or authorized by us for the processing of this and subsequent application for units, providing services incidental to your investment, communicating to you on any other services and financial products or events that may interest you and developing our clients' statistical data. Certain information such as name, identification number, contact address, occupation/employment are obligatory and if not provided, your application may not be processed. You may request access to and/or modify your information by contacting our Investor Relation Department.

7. CONSULTANT DETAILS (IF APPLICABLE)

Name (as per NRIC)

Reporting Branch

Agent Code

 FIMM Code

Telephone No.

 -

FOR OFFICE USE

Registered Date / /

Form Verified By: Processed By:

Initial _____ Initial _____

Date _____ Date _____