



### Large Amount Questionnaire Enhanced Due Diligence

<b>Name of Investor</b> :			
<b>NRIC / Passport No.</b> :			
<b>Agency Code</b>	<b>Agent Code</b>	<b>Agent Name</b>	<b>Agent Tel. No.</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**To be Completed for Investment Amount of RM200,000 and above  
( Please tick where applicable. You may choose more than one (1) answer. )**

1. Purpose of the investment

- |   |   |
|---|---|
| <input type="checkbox"/> Savings                            | <input type="checkbox"/> Others (Please specify): |
| <input type="checkbox"/> Supplementing income in retirement | _____   |
|   | _____   |
|   | _____   |

2. Source of funds

- |   |   |
|---|---|
| <input type="checkbox"/> Salary                 | <input type="checkbox"/> Savings                  |
| <input type="checkbox"/> Own Business           | <input type="checkbox"/> Rental Income            |
| <input type="checkbox"/> Inheritance            | <input type="checkbox"/> Others (Please specify): |
| <input type="checkbox"/> Investment (UT/Shares) | _____   |
|   | _____   |
|   | _____   |

3. Nature of business / employment

- |  |   |
|--|---|
| <input type="checkbox"/> Art & Culture   | <input type="checkbox"/> Education                |
| <input type="checkbox"/> Banking & Financial Service   | <input type="checkbox"/> Food and Beverages       |
| <input type="checkbox"/> Industrial, production and plantation   | <input type="checkbox"/> Others (Please specify): |
| <input type="checkbox"/> Professional services provider (doctor, dentist, lawyer, accountant, investment consultant) | _____   |

4. Beneficial Owner

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Own | <input type="checkbox"/> Others (Please specify): |
|                              | _____   |
|                              | _____   |
|                              | _____   |
|                              | _____   |

5. Level and nature of investment ( approximate values) (Please answer to whichever is applicable)

	Property other than main residence	Equities / Unit Trusts	Fixed Deposits	Other major assets
Current Value	RM	RM	RM	RM

Please state details of other major assets: \_\_\_\_\_

6. Details of \*Business Interests / Employment

*\*Please delete whichever is not applicable. For self-employed having several business interests, please use additional Large Amount Questionnaire forms to complete information on all business interests.*

Name of Company \_\_\_\_\_

Nature of Business \_\_\_\_\_

Duties / Position \_\_\_\_\_

Length of time with company \_\_\_\_\_

Amount of equity held in company \_\_\_\_\_

**Business Details**

Commencement of Business \_\_\_\_\_ Paid capital RM \_\_\_\_\_

Authorised capital RM \_\_\_\_\_ Total Liabilities RM \_\_\_\_\_

Total Assets RM \_\_\_\_\_

Performance	Year :	Year :	Year :	Year :
Business Turnover	RM	RM	RM	RM
Gross Profit	RM	RM	RM	RM
Net Profit	RM	RM	RM	RM

Signature of Agent \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

*For Office Use Only*

Name	Department	Signature	Date
	Sales		
	Operations		