

ULTIMATE BENEFICIAL OWNERSHIP DECLARATION FORM

 New Account Existing Account

Master Account Number

In compliance with the relevant regulatory requirements, Eastspring Investments Berhad is obliged to collect information on each investor's ultimate beneficial owner. Please complete the sections below as directed and provide the relevant documents that support the details provided. Please note that we may be legally obliged to share this information to the relevant authorities, including Securities Commission Malaysia.

If any of the information provided changes, please advise of these changes promptly with the supporting documents, as applicable.

1 COMPANY/ORGANISATION DETAILS

Name of Organisation

(as per Certificate of Incorporation/Registration)

Registration No.

2 TYPE OF CORPORATION

Please choose either one of the corporation types below and complete the relevant section.

<input type="checkbox"/> Type 1. Please tick (✓) the relevant option and proceed to Section 4.		
<input type="checkbox"/> Public-listed	<input type="checkbox"/> Majority-owned ¹ subsidiary of Bursa Malaysia public-listed company ¹ at least more than 50% owned	<input type="checkbox"/> Labuan Financial Services and Securities Act 2010 / Labuan Islamic Financial Services and Securities Act 2010 licensed entity
<input type="checkbox"/> Capital Markets & Services Act 2007 licensed or registered person	<input type="checkbox"/> Development Financial Institutions Act 2002 prescribed institution	<input type="checkbox"/> Authorised person, operator of designated payment system or registered person under Financial Services Act 2013 or Islamic Financial Services Act 2013

Note: For clarity, Type 1 does not apply to government-linked companies ("GLC") and state-owned enterprise ("SOE"). GLC refers to a company where the government is the majority shareholder or single largest shareholder and has the ability to exercise and/or influence major decisions such as appointment of board members and senior management.

SOE refers to an entity where the government (federal or state level) exercises ownership directly by a government ministry, department or agency or indirectly through a government-linked investment company, statutory body or a public sector agency. SOEs include state-owned corporation or companies, and may also take the form of statutory bodies that undertake commercial activities.

OR

<input type="checkbox"/> Type 2. Please tick (✓) the relevant option and proceed to Section 3.				
<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-listed company	<input type="checkbox"/> Government-linked company / State-owned enterprise	<input type="checkbox"/> Trust	<input type="checkbox"/> Co-operative
<input type="checkbox"/> Club / Society / Association / Foundation	<input type="checkbox"/> Charities / Non-Governmental Organisation	<input type="checkbox"/> Others (Please specify) _____		

3 DETAILS OF ULTIMATE BENEFICIAL OWNER(S)

I hereby declare the ultimate beneficial owner(s) of the Account Holder as follows:

Note: You are required to tick (✓) one box and must consider each option in cascading order.

Category		Tick (✓)
A	Individual person(s) who hold more than 25% shares directly/indirectly in the Account Holder and/or has ultimate controlling ownership interest in the Account Holder. Note: If none go to B.	<input type="checkbox"/>
B	Individual person(s) who exercise(s) ultimate effective control ² over the management of the Account Holder. Note: If none go to C. ² This may include exercising effective control over an entity if he has the powers and authority to take actions and make decisions for the entity, including on matters relating to its financial affairs, financial relationships, operations or other matters that may fundamentally affect the business or direction of the entity, without having ownership interest over the entity. Such powers and authority may be attained through other means, such as: (i) Reflecting dominant influence to appoint or remove directors/ senior management; (ii) Having the power of attorney over the entity; (iii) Owning stocks or rights over outstanding debts that are convertible into voting equity; (iv) Participating in the financing of the enterprise; or (v) Having control through trusts, agreements, arrangements, understandings, policies or practices, close and intimate family relationships or if a company defaults on certain payments.	<input type="checkbox"/>
C	The individual person(s) who hold the position of senior management ³ within the Account Holder. ³ Senior management refers to persons who exercise executive control over the daily or regular affairs of the Account Holder, which may include, but are not limited, directors, deputy directors, Board members, chief executive officer, chief financial officer, chief operating officer, or any other individual performing similar management functions.	<input type="checkbox"/>

Please provide details of the ultimate beneficial owner(s) on the following page.

Details of Ultimate Beneficial Owner(s)

Note: All fields are mandatory. Please provide a copy of the identification document, i.e. NRIC or passport, of each beneficial owner listed below.

Ultimate Beneficial Owner 1

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Ultimate Beneficial Owner 2

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Ultimate Beneficial Owner 3

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Ultimate Beneficial Owner 4

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Note: Please use additional worksheet as appended on the last page of this form if space provided is insufficient.

4 DECLARATION AND SIGNATURE(S) (AS PER BOARD RESOLUTION)

I/We hereby represent, warrant, confirm and undertake as follows:

- (a) that I/we agree to the contents of this declaration and confirm that the above information is/are true and correct to the best of my/our knowledge;
- (b) that Eastspring shall be entitled to rely on my/our declaration above regarding the identity(ies) of and information relating to the ultimate beneficial owner(s) of the account opened with and/or the transaction conducted with Eastspring;
- (c) to keep Eastspring informed without delay should there be any change to the above information in future; and
- (d) to provide any other additional information as may be required by Eastspring at any time and from time to time.

In addition to the above, I/we hereby authorize you to disclose and furnish in any form, mode or manner, any and all information provided by me/us, including all changes, updates to such information as and when provided by me/us to any relevant authority as may be authorized by law to obtain such information.

Authorised Signatory 1 Date	Authorised Signatory 2 Date	Company Stamp
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APPENDIX – DEFINITIONS

All defined words and phrases shall have the same meaning as assigned to them in the Master Account Opening form, unless otherwise expressly provided in this form.

ADDITIONAL WORKSHEET**Details of Ultimate Beneficial Owner(s)****Note: All fields are mandatory. Please provide a copy of the identification document, i.e. NRIC or passport, of each beneficial owner listed below.****Ultimate Beneficial Owner 1**

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Ultimate Beneficial Owner 2

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Ultimate Beneficial Owner 3

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		

Ultimate Beneficial Owner 4

Full Name:	Residential Address:	Name of employer:
NRIC / Passport No.:	Correspondence Address:	Nature of business / self-employment:
Date of Birth:		
Nationality:	Contact No.:	Shares : _____ (%) <input type="checkbox"/> Not Applicable
Email:	Occupation:	
Purpose of investment transactions: (Please tick (✓) the relevant option)		
<input type="checkbox"/> Capital preservation <input type="checkbox"/> Income <input type="checkbox"/> Income & growth <input type="checkbox"/> Growth		