



PERMODALAN BSN BERHAD (319744-W)
 WHOLLY-OWNED SUBSIDIARY OF BANK SIMPANAN NASIONAL
 Level 19, Lot 1 Bangunan TH Selborn
 153 Jalan Tun Razak, 50400 Kuala Lumpur
 Tel : 603-2180 9000 / 603-2180 9020 Fax : 603-7966 5660
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TRANSFER FORM- DECEASED

This form is subject to any changes made by the Manager from time to time

- Amanah Saham Bank Simpanan Nasional BSN Dana Al-Jadid BSN Dana Dividen Al-Ifrah

A : PERSONAL PARTICULARS - EXECUTOR / ADMINISTRATOR ETC/ BENEFICIARY (IES) * (Photocopy NRIC must be Attached)

ACCOUNT NO :

NAME (Full name as in NRIC) : _____
 Name of Company / Institution : _____

NRIC NO. (New) : - - **NRIC NO.** (Old) :

Business Registration / Certificate of Incorporation No : _____

ARMY / POLICE ID : **TEL. NO** :

ADDRESS : _____

NATIONALITY : Malaysian Others (Please specify) _____ **DATE OF BIRTH** :

MARITAL STATUS : Single Married Others **TEL. NO** :

RACE : Malay Chinese Indian Others

GENDER : Male Female **STATUS** : Bumiputra Non-Bumiputra

AVERAGE MONTHLY INCOME : Up to RM 1,500 RM 3,001 - RM 5,000 RM 5,001 - RM 8,000
 RM 8,001 - RM 15,000 RM 15,001 - RM 50,000 RM 50,001 - RM 100,000

B : PART ONE - DECLARATION BY EXECUTOR / ADMINISTRATOR ETC

The Trustee of a Trust Deed datedday of, and made between Permodalan BSN Berhad of the first part, himself of the second part, and the several persons therein mentioned of the third part. I/ We being Executor(s)/ Administrator(s) of the Will/ Administrator(s) of the Estate of (Deceased) the Registered Holder of Unit, of the Trust Fund, constituted by the abovementioned Trust Deed HEREBY AUTHORISE AND REQUEST you to register me/ us as Holder(s) of the said Units and to issue to me/ us a statement for the same in my/ our name(s). I/ We hereby agree to indemnify you against any claims made by any party.

C : PART TWO - DECLARATION/REQUEST BY EXECUTOR/ ADMINISTRATOR ETC PERMODALAN BSN BERHAD

The Trustee of a Trust Deed datedday of, and made between Permodalan BSN Berhad of the first Part, himself of the second part, and the several persons therein mentioned of the third part. I/ We being Executor(s)/ Administrator(s) of the Will/ Administrator(s) of the Estate of(Deceased) the Registered Holder ofUnit, of the Trust Fund, constituted by the abovementioned Trust Deed HEREBY CERTIFY AND DECLARE that under the will/ intestacy of the said deceased is now entitled to the benefit of the said Units and I/We HEREBY AUTHORISE AND REQUEST you to register saidas Holder of the said Units and to issue to him/ her a statement in his/ her name for the said Units.

I, the abovenamed being the person entitled to the benefit of the abovementioned Units in consequence of the death of the above named HEREBY REQUEST you to register me as the Holder of the said Units and to issue to me and in my name a statement for the said Units.

D : PART THREE - ORDER FOR DISTRIBUTION/ DIRECTION

The Trustee of a Trust Deed datedday of, and made between Permodalan BSN Berhad of the first Part, himself of the second part, and the several persons therein mentioned of the third part. I/ We being beneficiary or beneficiaries of (Deceased) the Registered Holder of the Unit, of the Trust Fund by virtue of :
 A copy of which in enclosed herein HEREBY AUTHORISE AND REQUEST you to register my or our name(s) as holder(s) of the said Units and to issue me/ us a statement for the same in my/ our name(s)

E : Address : Copy of one of followings is enclosed :-	F : FOR OFFICE USE ONLY
1. Grant Letters of Administration Petition Nodated	Date : <input type="text"/>
2. Declaration By Amanah Raya Berhad dated	Trans No : <input type="text"/>
3. Grant of Letters of Administration By Pentadbir Tanah Daerah dated	Name :
4. Grant of Probate Petition Nodated	Data Entry :
5. Other order or direction	Name :
6. Any other documents recognised by law pertaining to the distribution of estates of the deceased.	Checked :
7. Grant of Letters of Administration with will Annexed Petition No.....dated	Name :
Dated thisday of, (year)	Verified :
Signature of Executor (s) / Administrator (s) Signature of Beneficiary (ies)	
Name :	Name :
NRIC :	NRIC :