



PERMODALAN BSN BERHAD 199401034061(319744-W)

Tingkat 2, Blok A, Wisma Bank Simpanan Nasional

117 Jalan Ampang, 50450 Kuala Lumpur.

Tel : 03-2634 2200 Fax : 03-2177 1300 Email : info@pbsn.com.my

Website : www.pbsn.com.my

TRANSACTIONS FORM

Note : Please complete this form in BLOCK LETTERS (✓) Tick Box where appropriate

Please ensure that the particular of the first and / or joint applicant (for joint account) are filled completely.

| | | |
|---|---|---|
| Account Number / Client Reference No | | Date |
| Investment Type | <input type="checkbox"/> Unit Trust Fund <input type="checkbox"/> Wholesale Fund | Transaction Type |
| PARTICULARS OF FUND | | <input type="checkbox"/> Initial Investment <input type="checkbox"/> Additional Investment |
| <input type="checkbox"/> Amanah Saham Bank Simpanan Nasional <input type="checkbox"/> BSN Dana Al-Jadid <input type="checkbox"/> BSN Dana Dividen Al-Ifrah <input type="checkbox"/> BSN Dana Wakaf Al-Ikhlas <input type="checkbox"/> BSN Dana Income Stream 1 <input type="checkbox"/> Others (pls specify) : | | |

PARTICULARS OF FIRST APPLICANT

Full Name (as per NRIC / Passport) : _____

NRIC No. / Passport No : _____ Old NRIC : _____

Email : _____ Tel / HP No : _____

PARTICULARS OF JOINT APPLICANT

Full Name (as per NRIC / Passport) : _____

NRIC No. / Passport No : _____ Old NRIC : _____

Email : _____ Tel / HP No : _____

PARTICULARS OF COMPANY / INSTITUTION

Name of Company/ Institution (as per Certificate of Incorporation)/Association/Trust

Business Registration / Certificate of Incorporation No : _____

Email : _____ Tel / HP No : _____

| INITIAL / ADDITIONAL INVESTMENT | PAYMENT MODE |
|--|---|
| Kindly invest RM _____ Fund Name as stated above. Enclose proof of payment (e.g. payment slip/fund transfer receipt) Note: 1. No payment from a third-party account of the applicant is allowed. 2. Cheque without the applicant's name printed on it must be accompanied with the bank statement. 3. For banker's cheque, must provide the bank application form. | <ul style="list-style-type: none"> Online Transfer / Telegraphic Transfer Cheque / Bank Draf No : _____ Other (please specify) : _____ |

Affix seal or Company Stamp Here
For company / Institutions

Signature of First Applicant / Authorised Signatory 1

Name :

Date :

Signature of Joint Applicant / Authorised Signatory 2

Name :

Date :

| TO BE COMPLETED BY UT CONSULTANT | FOR OFFICE PBSNB USE ONLY |
|--|--------------------------------------|
| Name : _____ | Date : _____ |
| NRIC / FIMM No : _____ | Transaction Date: _____ Unit : _____ |
| Date : _____ Signature : _____ | Data Entry : _____ Sign : _____ |
| AMLA STATUS | Checked By : _____ Sign : _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Verified By : _____ Sign : _____ |
| If Yes (Please specify) _____ | |