INTER-PACIFIC
ASSET MANAGEMENT SDN. BHD.
199001013139 (204709-U)

Inter-Pacific Asset Management Sdn Bhd
West Wing, Level 13, Berjaya Times Square
No. 1, Jalan Imbi, 55100 Kuala Lumpur
Tel: 03-2117 1889 Fax: 03-2142 6029

PRIVATE MANDATE TRANSACTION FORM (INJECTION)

Please complete this form in BLOCK LETTERS and tick (√) where appropriate

☐ **Individual**   ☐ **Joint**   ☐ **Corporate**   ☐ Related Party ☐ Staff

1. PARTICULARS OF FIRST INDIVIDUAL APPLICANT

Full Name (as per NRIC / Passport)

....

NRIC No.   : .... - .... - ....   Passport No.: ....

Sole Proprietor / Sole Trader

Name (as in Certificate of Incorporation)

....

Company Registration No.: ....

2. PARTICULARS OF JOINT APPLICANT / DESIGNATED SECOND ACCOUNT HOLDER

Full Name (as per NRIC / Passport / Birth Certificate)

....

NRIC No.   : .... - .... - ....   Passport / Birth Certificate No.: ....

3. PARTICULARS OF CORPORATE APPLICANT

Name (as in Certificate of Incorporation)

....

Company Registration No.: ....   Date of Incorporation : .... - .... - ....

Contact Person   : ....   Designation : ....

4. INJECTION DETAILS

Client Code	Initial Investment	Top-Up Investment	Currency	Investment Amount
	☐	☐		

Note: 1) Investment amount should be remitted to the aforementioned Manager's account in Ringgit Malaysia.
2) All inward bank service charges including outstation cheque commissions and telegraphic transfer charges are to be borne by the investor.
3) The Manager will process all investments upon receipt of cleared payment and the completed documents.

5. PAYMENT MODE FOR INJECTION

☐ Telegraphic Transfer   ☐ Cheque / Bank Draft (Bank: .... Cheque No ....)

☐ Cash Deposit Machine *(please attached cash deposit slip together with this Transaction Form)*

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JomPAY
Biller Code: 216622
Ref-1: Client Code
Ref-2: NRIC / Passport

JomPAY online at Internet and Mobile Banking with your Current or Savings account

6. BANK ACCOUNT PARTICULARS

Bank Name	
Account Name	
Account Number	
Account Type	☐ Savings ☐ Current
Account Ownership	☐ Single ☐ Joint

7. INJECTION PAYMENT INSTRUCTION (FOR JOINT HOLDERS ACCOUNT ONLY)

Payment from : ☐ First Account Holder Only   ☐ Either One Account Holder   ☐ Both Account Holder

8. PARTICULARS OF INTRODUCER

Full Name (as per NRIC / Passport)

....

NRIC No.   : .... - ...... - ....   Phone No. : ....

E-mail   : ....

MR Code   : ....

9. SIGNATURE OF CLIENT

1) I/We declare that the above information is complete and true and that I/we have not withheld any material facts or information from Inter-Pacific Asset Management Sdn Bhd.
2) I/We undertake to furnish Inter-Pacific Asset Management Sdn Bhd with such additional particulars and information as Inter-Pacific Asset Management Sdn Bhd may require at any time and from time to time.
3) I am/We are aware of the fees and charges that I/We will incur directly or indirectly when investing in the portfolio.

....
Signature of First Applicant/
Authorised Signatory (Corporate Applicant)

Date:

....
Signature of Second Applicant/
Authorised Signatory (Corporate Applicant)

Date:

(Company Stamp)

For Distributor / Introducer Use Only		For Office Use Only	
IUTA	*UTC/MR*		
Name :	Name :	Date & Time Received :	Transaction Date : ....
Branch :	Code :	Input By :	Client Code : ....
Sales Charge :	Sales Charge :	Checked By :	
Rubber Stamp :	Signature :	Approved By :	
Date :	Date :		

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