

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

☐ Individual ☐ Joint ☐ Corporate

☐ Related Party ☐ Staff

**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.: .....

**PARTICULARS OF JOINT APPLICANT / DESIGNATED SECOND ACCOUNT HOLDER**

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

.....

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

Passport / Birth Certificate No.: .....

**PARTICULARS OF CORPORATE APPLICANT**

Name (as in Certificate of Incorporation)

.....

Company Registration No.: .....

Date of Incorporation : ..... - ..... - .....

Contact Person : .....

Designation : .....

**WITHDRAWAL REQUEST**

Client Code	Full	Partial	Currency	Amount
	<input type="checkbox"/>	<input type="checkbox"/>		

Applicable for Full Withdrawal only: IPAM will proceed to close the client's investment and investment related accounts.

## BANK ACCOUNT PARTICULARS FOR WITHDRAWAL

Bank Name		
Account Name		
Account Number		
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current
Account Ownership	<input type="checkbox"/> Single	<input type="checkbox"/> Joint

## WITHDRAWAL PAYMENT INSTRUCTION (FOR JOINT HOLDERS ACCOUNT ONLY)

Payment to : ☐ First Account Holder Only ☐ Either One Account Holder ☐ Both Account Holders

## 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)

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

Company  
Stamp

Date:

Date:

## For Office Use Only

Date & Time Received : .....	Transaction Date : .....
Input By : .....	Client Code : .....
Checked By : .....	
Approved By : .....	

## FOR OFFICE USE ONLY (APPLICABLE FOR WITHDRAWAL TRANSACTION ONLY)

Cash Balance as at .....	Remarks : .....
Outstanding payable : .....	
Outstanding receivable : .....	Process by : .....
Fee / Expenses payable : .....	Checked by : .....
Cash Balance available for withdrawal : .....	Approved by : .....
Withdrawal Amount : .....	
Cash balance after withdrawal : .....	
Adequate cash for withdrawal : Yes / No	