INTER-PACIFIC
ASSET MANAGEMENT SDN. BHD.
(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 1888 Fax: 03-2142 6029

**REQUEST FOR CHANGE FORM**

# INDIVIDUAL/ JOINT/ CORPORATE

## 1. ACCOUNT TYPE

☐ Individual ☐ Joint ☐ Corporate ☐ Related Party ☐ Staff

## 2. PRODUCT TYPE

☐ Unit Trust ☐ Wholesale Fund ☐ Discretionary Private Mandate ☐ Non-Discretionary Private Mandate

## 3. PARTICULARS OF FIRST APPLICANT

Full Name (as per NRIC / Passport)

NRIC No. : - - Passport No.:

## 4. PARTICULARS OF SECOND APPLICANT

Full Name (as per NRIC / Passport)

NRIC No. : - - Passport No.:

## 5. PARTICULARS OF CORPORATE APPLICANT

Name (as in Certificate of Incorporation)

Company Registration No: Date of Incorporation : - -

Contact Person : Designation :

## 6. CHANGE OF PARTICULARS / CONTACT DETAILS

| Particulars / Contact Details | Existing | New |
|---|---|---|
| Employment Name | | |
| Employment Address | | |
| Correspondence / Permanent / Business Address | | |
| Telephone Number (House) | | |
| Telephone Number (Office) | | |
| Telephone Number (Mobile) | | |

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| Particulars / Contact Details | Existing | New |
|---|---|---|
| Fax Number | | |
| Email Address | | |
| Contact Person (for corporate applicant) | | |
| Contact Person's Designation (for corporate applicant) | | |
| Others, please specify: _____ | | |

## 7. CHANGE OF INCOME DISTRIBUTION INSTRUCTION

Fund Name

☐ Reinvest ☐ Credit to Bank Account

| Bank Account Details | Bank Name: _____ | A/C Name. : _____ | A/C No.: _____ |
|---|---|---|---|

Fund Name

☐ Reinvest ☐ Credit to Bank Account

| Bank Account Details | Bank Name: _____ | A/C Name. : _____ | A/C No.: _____ |
|---|---|---|---|

***Note: Not applicable to Funds where the distribution policy is reinvestment only.***

## 8. DECLARATION AND SIGNATURE(S)

I/We hereby acknowledge and agree to be responsible for ensuring the accuracy and completeness of the information provided in this form and I/we shall not hold Inter-Pacific Asset Management Sdn Bhd ("IPAM") responsible and liable for any losses suffered by me/us due to incorrect information provided herein.

I/We acknowledge and accept that IPAM has absolute discretion to rely on the information and/or instruction provided herein from me/us and I/we undertake to indemnify and hold harmless IPAM, its' employees, agents, representatives against all costs, liabilities, claims and demands arising out of the information and/or instruction provided herein.

Company Stamp

_____
Signature of First Applicant /
Authorised Signatory (Corporate Applicant)
Date:

_____
Signature of Second Applicant /
Authorised Signatory (Corporate Applicant)
Date:

| For Distributor / Introducer Use Only | | | | For Office Use Only | | | |
|---|---|---|---|---|---|---|---|
| *IUTA* | | *Agent/MR* | | | | | |
| Bank : _____ | | Name : _____ | | Date & Time Received : _____ | | Transaction Date : _____ | |
| Branch : _____ | | Code : _____ | | Input By : _____ | | Holder No. : _____ | |
| Rubber Stamp : _____ | | Signature : _____ | | Checked By : _____ | | | |
| Date : _____ | | Date : _____ | | Approved By : _____ | | | |