GREENWICH TRUST LIMITED

CLIENT'S INFORMATION (INDIVIDUAL)

Dear Customer,

We require the details below to be able to establish your identity and mandate. Regulatory Authorities also do request for such information from time to time. Information provided will be treated confidentially and with discretion.

Surname:

Other Names:

Date of Birth: Wedding Anniversary

Gender M ☐ F ☐ Marital Status

Nationality:

Occupation:

Residential Address:

Residential Telephone Number (s):

Office Address:

Office Telephone:

Mobile Telephone:

E-mail:

Introduced By:

Mailing Address: *(if different from above)*

☐ Salary ☐ Trading ☐ Others (Specify)
Source of Income

Type of Account *(Individual / Joint Holders)*

Next of Kin:

Relationship to Client:

Address of Next-of-Kin *(if different from Applicant's):*

International Passport or Driver's License No:

Issue Date :

Expiry Date:

Signature:

Dated this:

day of: Year

INVESTMENT OBJECTIVES: Tick as appropriate

1. Dividend Income ☐
2. Low Priced Stock ☐
3. Capital Gains ☐
4. Others (specify) ☐

INVESTMENT CONDITIONS: Tick as appropriate

1. Confirm Before Commitment ☐
2. Follow Specified Instruction ☐
3. Use your Discretion ☐
4. Operate Nominee A/C ☐

STOCK PREFERENCES

1. 3. 5. 7. 9.

2. 4. 6. 8. 10.

STOCK SPECIFIC INSTRUCTION(S)

Preferred Mailing Address (Tick as a appropriate)

☐ **℅ Greenwich Trust** ☐ Residential Address ☐ Official Address

BANKERS

1.

2.

3.

AUTHORIZATION

I /We request and authorize you until I / we give notice in writing to the contrary, to honour all requests for the purchase of shares or payment of monies from the said account whether such request is written or oral. I / we also authorize you to debit such purchases or other orders to the said account with you whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit in consideration of which I / we agree to be responsible for the payment of such overdraft with interest accruing thereon.

Name Signature Date

Name Signature Date

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE

While due professional care shall be exercised in the management of your account, Greenwich Trust Limited shall not be held liable for any dimunition in the value of the portfolio resulting from forces outside its control.

Clearing House Number Client's Account Number

Payment Details Date

A/C Officer Signature