

Client Code :

CIF No. :

### APPLICATION FOR MARGIN TRADING FINANCING (MTF) FACILITY

#### PERSONAL / COMPANY

INDIVIDUAL

COMPANY

Full Name of Applicant/Company

Client Code

Financing Requested  R  M

#### OTHER FACILITIES

Bank	Type of Facility	Amount (RM'000)	Secured/Clean
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### COLLATERAL / SECURITY DEPOSITED

Type of Facility	Quantity (In Unit)	Market Price (For Office Use Only)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### INDIVIDUAL ACCOUNT

##### A. PARTICULARS OF APPLICANT

Title  Mr  Ms  Dr  Datuk  Dato'  Datuk Seri  Tan Sri  Tun  Datin  Datin Seri  Puan Sri  Toh Puan  Others \_\_\_\_\_ (Please specify)

NAME OF APPLICANT :

NEW I/C NUMBER

I/C/PASSPORT NO. : (OLD I/C)

DATE OF BIRTH :          
dd mm yyyy

AGE :

GENDER :  MALE  FEMALE

RESIDENTIAL ADDRESS :

POSTCODE

\* TELEPHONE :

	CTRY	AREA	NUMBER	EXT.	#	TYPE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	# TYPE
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(01) H HOUSE
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(02) O OFFICE
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(03) HP H/PHONE
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(04) FX FAX
						(05) TX TELEX

EMPLOYMENT STATUS :  EMPLOYED  SELF EMPLOYED (please specify: \_\_\_\_\_)  UNEMPLOYED

NAME OF EMPLOYER/BUSINESS : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_

NATURE OF BUSINESS : \_\_\_\_\_ REGISTRATION NO. : (if self employed) \_\_\_\_\_

PRESENT POSITION : \_\_\_\_\_ YEAR WITH EMPLOYER/BUSINESS : \_\_\_\_\_

PRESENT ANNUAL SALARY : (excluding bonus and allowance) R M \_\_\_\_\_ OTHER INCOME (please specify): \_\_\_\_\_

**B. PARTICULARS OF SPOUSE / NEXT OF KINS**

SPOUSE NAME : \_\_\_\_\_

I/C/PASSPORT NO. : (NEW I/C) \_\_\_\_\_ I/C/PASSPORT NO. : (OLD I/C) \_\_\_\_\_

DATE OF BIRTH : dd mm yyyy AGE : \_\_\_\_\_ GENDER :  MALE  FEMALE

EMPLOYMENT STATUS :  EMPLOYED  SELF EMPLOYED (please specify: \_\_\_\_\_)  UNEMPLOYED

NAME OF EMPLOYER/BUSINESS : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_

TELEPHONE NO. : \_\_\_\_\_ YEAR WITH EMPLOYER/BUSINESS : \_\_\_\_\_

FAX : \_\_\_\_\_ PRESENT POSITION : \_\_\_\_\_

TELEX : \_\_\_\_\_

**RELATIONSHIP DECLARATION FORM (INDIVIDUAL ACCOUNT)**

Pursuant to Section 94 (2) of the CMSA 2007 concerning parties (employee or person associated with an employee of Participating Organisation) are prohibited from obtaining credit or margin financing in securities trading.

1 Do you have any family/relative relationship with any staff/director/dealer/remisier of the Company?  Yes  No  
If yes, please specify name

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

2 Do you have trading account with any other brokers?  Yes  No

3 Does any of your family maintain a trading account with the Company?  
"Family" includes spouse, parents, child (including adopted child and stepchild), brother, sister and the spouse of his child, brother or sister.  Yes  No

If yes, please provide name and account number

Name	Trading Account Number
1 _____	_____
2 _____	_____
3 _____	_____

4 Are you a Director or a shareholder of a Company which has a trading account with us?  Yes  No  
If yes, please provide name and account number

Name	Trading Account Number
1 _____	_____
2 _____	_____
3 _____	_____

**INSTRUCTION FOR COMPLETION OF THE MARGIN TRADING ACCOUNT APPLICATION FORM**

All information must be duly completed

The completed form must be returned with certified true copy (ies) of the following supporting documents:

- \* NRIC/Driving License or Passport (for foreigner)
- \* CDS Statement / Utility Bill / Borang B / EA Form / Bank Statement
- Others (please specify) \_\_\_\_\_

\* Compulsory documents

**COMPANY ACCOUNT**

**A. PARTICULAR OF COMPANY**

NAME OF COMPANY :

COMPANY REGISTRATION/ INCORPORATION NO. :

DATE OF INCORPORATION :       PLACE OF INCORPORATION : \_\_\_\_\_  
dd mm yyyy

REGISTERED ADDRESS :   
  
 POSKOD :

TELEPHONE NO. :  FAX NO. :

BUSINESS/CORRESPONDENCE ADDRESS : *(if different from above)*

TELEPHONE NO. :  FAX NO. :

WEBSITE ADDRESS :

PRINCIPAL BUSINESS ACTIVITY : \_\_\_\_\_

PAID UP CAPITAL (RM) :  NET INCOME/LOSS (RM) :

BOARD OF DIRECTORS, PARTNERS, OFFICE BEARERS:

NAME (S)	NRIC/PASSPORT
1.	
2.	
3.	
4.	

AUTHORISED PERSON (S) :-

NAME	DESIGNATION	NRIC/PASSPORT	SIGNATURE
1.			
2.			
3.			
4.			

**RELATIONSHIP DECLARATION FORM (COMPANY ACCOUNT)**

Pursuant to Section 94 (2) of the CMA 2007 concerning parties (employee or person associated with an employee of Participating Organisation) are prohibited from obtaining credit or margin financing in securities trading.

1 Do you have any family/relative relationship with any staff / director / dealer / remisier of the Company?  Yes  No  
 If yes, please specify name  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

2 Do you have trading account with any other brokers?  Yes  No  
 Does any or your Director's/ Shareholder's family or Associate Companies / Subsidiaries maintain a trading account with the Company?  
 [Note: Family includes spouse, parents, child (including adopted child and stepchild), brother, sister and the spouse of his child, brother or sister]  Yes  No

3 If yes, please provide name and account number

Name	Trading Account Number
1) _____	_____
2) _____	_____
3) _____	_____

4 Does any of your Director / Shareholder has a trading account with us?  Yes  No  
 If yes, please provide name and account number

Name	Trading Account Number
1) _____	_____
2) _____	_____
3) _____	_____

**INSTRUCTION FOR COMPLETION OF THE MARGIN TRADING ACCOUNT APPLICATION FORM**

- (1) All information must be duly completed.  
 (2) The completed form must be returned with certified true copy(ies), of the following supporting documents :
- For companies, other than government linked companies, public listed companies and their subsidiaries, banking institutions, insurance companies, discount houses, stock broking houses government linked investment funds, pension funds and licensed asset / fund management companies incorporated in Malaysia.

- \* Board of Directors' Resoultion / Mandate / Letter of Authority  
 Individual identification documents or authorized person as to individual customer:
- \* NRIC  
 \* Driving License  
 \* Passport (for foreigners)  
 \* Memorandum and Articles of Association or Constitution  
 Certificate of Incorporation for Public Company or Certificate of Incorporation for Private Company or Certificate of Change of Name or Certificate of Commencement of Business or Certificate of Registration of Foreign Company  
 \* Evidence of Capital  
 \* Notice of Situation of Registered Office and Office Hours and Particulars of Changes  
 \* Return Giving Particular in Register of Directors/Managers/Secretary and Change of Particulars  
 \* Latest Audited Financial Report / Annual Report  
 Others (please specify) \_\_\_\_\_

**DECLARATION BY APPLICANT**

I/we hereby declare that the above information given is true and correct and authorized you or your representative to obtain information any source regarding this application.

**INDIVIDUAL**

\_\_\_\_\_  
 (Individual Applicant's Signature)

\_\_\_\_\_  
 (Date)

Name : \_\_\_\_\_  
 NRIC No : \_\_\_\_\_

**COMPANY**

Name : \_\_\_\_\_  
 NRIC/Passport No : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Date : \_\_\_\_\_

Name : \_\_\_\_\_  
 NRIC/Passport No : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Date : \_\_\_\_\_

**RECOMMENDATION BY DEALER'S REPRESENTATIVE**

Comment by dealer / remisier : \_\_\_\_\_  
 \_\_\_\_\_

Recommended MTF Limit : RM \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 NRIC : \_\_\_\_\_  
 Dealer/Remisier Code : \_\_\_\_\_  
 Date : \_\_\_\_\_