



APPLICATION FOR Maybankinvest (CORPORATE)

CREDIT LIMIT APPLIED FOR : RM

COLLATERAL/INITIAL DEPOSIT OFFERED : RM

(Please complete the accompanying Collateral Deposit Form)

1. APPLICANT'S PARTICULARS:

NAME OF APPLICANT : _____

REGISTERED ADDRESS : _____

BUSINESS ADDRESS (if different from registered address) : _____
Postcode _____

TELEPHONE NO : _____ TELEX/FAX NO : _____

BUSINESS REGISTRATION/COMPANY NO : _____

TYPE OF ORGANISATION : LIMITED COMPANY PARTNERSHIP OTHERS

FOREIGN COMPANY NON-RESIDENT CONTROLLED COMPANY

COUNTRY INCORPORATION : _____

IF THE COMPANY HAS EXISTING ACCOUNTS WITH MAYBANK, PLEASE COMPLETE THE FOLLOWING:-

Type of Account:	Account Number:
<input type="checkbox"/> CURRENT ACCOUNT NO	<input type="checkbox"/> - <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"/>
<input type="checkbox"/> FIXED DEPOSIT ACCOUNT NO	<input type="checkbox"/> - <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"/>

Please list. (IF the is insufficient space, please attach a separate schedule)

DIRECTORS/PARTNERS	ADDRESS	NRIC/PASSPORT NO
COMMITTEE MEMBERS		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. BANKERS:

BANK	BRANCH	ACCOUNT NO
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. FINANCIAL POSITION (AS AT DATE OF APPLICATION) :

AUTHORISED CAPITAL : _____ PAID-UP CAPITAL : _____
NET WORTH : _____ NET BORROWINGS : _____

We attach herewith the following documents duly certified True Copy by Co Secretary/Director(s):-

- Memorandum & Articles of Association/Constitution Latest FORM B /EPF/Salary Acc statement from the directors
 - Form 24, 44, 49
 - Board Resolution (authorizing the opening of the Account, person assigned to operate the Account & deduction of charges incurred for the above facility)
 - Photocopy of all directors'/guarantors' IC/passport
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DECLARATION

To: **Maybank Berhad**

I/We solemnly and sincerely declare as follows: -

1. At the date hereof, none of the partners, constituting the applicant partnership is an undischarged bankrupt and that no bankruptcy proceeding have been instituted against any of them under the laws of Malaysia or in another jurisdiction.
2. That at the date hereof, no winding-up petition has been presented against the applicant company/society nor has a resolution has been passed for the winding-up of the applicant.
3. That the information given by me/us herein true and correct and I/We hereby authorised you to verify the same from any source as you may in your sole discretion deem appropriate.
4. I consent to the disclosure by Maybank/Maybank Investment Bank Berhad or any information in this application form for the purpose of complying with regulatory, compliance and risk management's requirements.

I/We authorise you to provide whatever information deemed necessary to [Maybank Investment Bank Berhad\(MBB-IB\)](#) in order for it to open a trading account in the applicant's name. I/We understand that the granting of any facility by Maybank is conditional upon [MBB-IB](#) agreeing to open a trading account in the applicant's name.

AUTHORISED SIGNATORY(S)
Name : _____
Designation : _____
Date : _____

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Name : _____
Designation : _____
Date : _____

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Designation : _____
Date : _____

AUTHORISED SIGNATORY(S)
Name : _____
Designation : _____
Date : _____

DECLARATION AND FORM OF DISCLOSURE BY APPLICANT

To: **Malayan Banking Berhad ("Bank")**

I solemnly and sincerely declare as follows: -

5. At the date hereof, I am not an undischarged bankrupt and that no bankruptcy proceeding have been instituted against me under the laws of Malaysia or in another jurisdiction.
6. The information given by me herein true and correct and I hereby authorise you to verify the same from any source, as you may in your sole discretion deem appropriate.
7. I/We have read the Terms & Condition for Maybankinvest Trading account (Non Margin), the CALL WARRANTS RISK DISCLOSURE STATEMENT and understand its contents, which have been explained to me/us.
8. I/We understand the Company reserves the right to close my/our trading Account immediately in the event that any declaration made herein is found to be false or materially inaccurate.
9. I/We consent to the disclosure by the Company of any information in this Trading Account Application Form for the purpose of complying with regulatory, compliance and risk management's requirements.
10. I authorise you to provide whatever information deemed necessary to Maybank Investment Bank Berhad in order for it to open a trading account under my name. I understand that the granting of any facility by Malayan Banking Berhad ("Bank") is conditional upon Maybank Investment Bank Berhad agreeing to open a trading account under my name.
11. I/We do solemnly declare that the dealings in securities in respect of my/our trading account are/shall be carried out –

For me/us as principals

For and on behalf of the party(ies) set out below, from who, through whom or on whose behalf the securities are to be dealt with.
(please tick whichever is appropriate)

PARTICULARS

Name of Party(ies) Concerned (1) : (2)
 *NRIC/ Company No. (1) : (2)
 *Address/Registered Address (1) : (2)

(NOTE: IN THE EVENT THIS DISCLOSURE FORM IS NOT DULY COMPLETED AND RETURNED TO THE MEMBER COMPANY WITHIN FOURTEEN DAYS FROM THE DATE OF RECEIPT, THE CLIENT SHALL BE PRESUMED TO BE TRADING FOR IT/HIMSELF AND NOT ON BEHALF OF ANOTHER PARTY. THE BURSA MALAYSIA STOCK EXCHANGE TAKES A SERIOUS VIEW OF ANY MISREPRESENTATION ARISING FROM MAKING AN ERRONEOUS DISCLOSURE OR NOT MAKING A DISCLOSURE AT ALL.)

8. And I/we make this solemn declaration conscientiously believing the same to be true.

SUBSCRIBED AND SOLEMNLY
 Declared by the applicant,

Date : _____

 Signature

 Signature

**Before me,

Name of witness:
 Address:
 NRIC No:

Approved By :

Prepared By:

 Name :
 Date :

 Name :
 Date :

* Delete if inappropriate
 ** Insert name, NRIC No., and address of witness who must be the remiser or dealer assigned, a member of the Management of the Member Company or a Commissioner for Oaths or a Notary Public (in the case of foreign client)