

Client Application Form

Please carefully read the **General Terms, Risk Disclosure Statement, Fee Schedule, and Privacy Policy Statement of True Trade Pro Limited**. Please complete Sections A – F of this application form carefully and sign on the Section F of the form. If you require assistance, please contact our customer support at support@ttprofx.com.

SECTION A - CUSTOMER PARTICULARS (COMPANY)		
Registered Name:	Registration/Unique Entity No. (UEN):	
<input type="checkbox"/> Association/Club/Society/Co-op <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. (Listed in Malaysia) <input type="checkbox"/> Public Ltd. Co. (Listed in Other Country) <input type="checkbox"/> Others, Please Specify: _____		
Country of Registration/Incorporation: <input type="checkbox"/> Malaysia	<input type="checkbox"/> Others, Please Specify: _____	
Date of Registration/Incorporation:	Tax Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	Tel. No:
Registered Address: Postal Code:	Account Mailing Address (if different from registered address): Postal Code:	
Company Website (if applicable):		
Name of Contact Person & Position: Office Tel. Number:	E-mail Address:	

Nature of Business (Please Tick):

Professional Practices

- Legal Services
- Accounting/Auditing
- Medical Services
- Engineering/Architectural
- Pharmacies & Drug Store

Manufacturing

- Electronic Products
- Food
- Chemicals
- Printing/Publishing
- Plastic Products
- Others

Business Services

- Information Technology
- Employment Agency
- Accounting/Secretarial Services
- Training/Educational
- Property Agency
- Reinsurance/Insurance Co
- Building & Construction
- Investment Holding

Trading

- Import & Export
- Retail
- Arms Trading
- Second-hand Car Dealer

Transport & Communications

- Land Transport
- Air Transport
- Water Transport
- Services Related to Transportation of Goods
- Services Related to Transportation of Passengers

Customer Services

- Cleaning
- Salon/Beauty Care
- Restaurant & Catering
- Entertainment
- Gambling & Related

Others (Please Specify): _____

SECTION B - CUSTOMER PARTICULARS (FOR INDIVIDUALS)		
Name:	Contact Number (Fixed Line/ Mobile):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	
Home Address:	Country of Origin:	Post Code:
Correspondence Address <i>(if different from Home Address)</i>	Country of Origin:	Post Code:
Is Customer a Politically Exposed Person (PEP): <i>(If yes, to state Foreign or Local)</i>		
Occupation Description/Nature of Business:		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Others:	Business Registration No. & Registration Date:	
Employer's Name:	Employer's Address:	
	Postal Code:	
Monthly Income/Combined Income (USD):	Existing or New Account (Please tick the appropriate column):	
	<input type="checkbox"/> Existing A/C No: <input type="checkbox"/> New	

SECTION C - INVESTMENT EXPERIENCE (Please tick where applicable)

1. Have you ever invested in the following?

		Years of experience	No. of trades in last 3 years	No Experience
<input type="checkbox"/>	Equities listed on stock markets			
<input type="checkbox"/>	Fully paid depository receipts listed on stock markets representing shares			
<input type="checkbox"/>	Subscription rights pursuant to rights issues listed on stock markets			
<input type="checkbox"/>	Company Warrants listed on stock markets			
<input type="checkbox"/>	Unit in Business Trusts			
<input type="checkbox"/>	Unit in Real Estate Investment Trusts			
<input type="checkbox"/>	Fixed Income (e.g. bonds, government securities, debentures, other than asset-backed securities & structured notes)			
<input type="checkbox"/>	Foreign Exchange ("FX") Trading (other than leveraged FX trading)			
<input type="checkbox"/>	Unlisted Equities			
<input type="checkbox"/>	Contract for Difference (CFD)			
<input type="checkbox"/>	Equity Derivatives, Equity linked Notes			
<input type="checkbox"/>	Structured Warrants			
<input type="checkbox"/>	Structured Deposits/ Structured Notes			
<input type="checkbox"/>	Futures, options, commodities etc.			
<input type="checkbox"/>	Investment-linked Life Insurance Policies			
<input type="checkbox"/>	Borrowed money or used margin for the purpose of or to take advantage of an investment opportunity			
<input type="checkbox"/>	Stock borrowing			
<input type="checkbox"/>	Leveraged Foreign Exchange Trading			
<input type="checkbox"/>	Non-Deliverable Forwards ("NDF")			
<input type="checkbox"/>	Others- Please specify: _____			

2. Investment Horizon

How long are you willing to keep your funds invested through us to achieve your objectives? *(Please tick one only)*

- 12 months
- 1 to 3 years
- More than 3 years but less than 5 year
- Over 5 years

3. What does your current investment portfolio comprise of, including life policies? *(Please fill in the values)*

Cash/time deposits/savings and low-risk debt securities:	USD _____
Low to moderate risk investments (such as blue-chip stocks, Exchange-Traded Funds and principal protected products):	USD _____
Speculative or high-risk investments (e.g., non-blue-chip stocks, unlisted securities, high-risk funds, futures, options, leveraged FX)	USD _____
Life policies, including investment-linked Life Insurance policies, where the total yearly premium is about:	USD _____

Please provide a copy of your latest monthly account statement from your brokers showing your holdings, positions and transaction summary.

Bearing in mind the answers you provide above (in relation to your investment experience, and risk factors such as (a) yearly inflation, (b) investment losses or return, (c) emergency cash you need to set aside, and other relevant factors), which of the following best describes your investment objective for investing through True Trade Pro Limited? *(Please tick one only)*

<input type="checkbox"/>	Conservative	I/We hope to achieve returns of up to 2% above bank deposit rates with lower-than-average risk and fluctuation in value. I/We prefer a long term and secure income stream.
<input type="checkbox"/>	Balanced	I/We hope to achieve returns of 3 to 9% above bank deposit rates and am/are willing to accept occasional periods of high volatility. I/We fully accept that investment returns will vary substantially from year to year and that there is a high chance to incur losses. I/We may also engage occasionally in speculative trading from time to time.
<input type="checkbox"/>	Aggressive	I/We hope to achieve returns of more than 9% above bank deposit rates over the short term (under 12 months) with a tolerance for a correspondingly and significantly higher degree of volatility and risk of loss. I/We appreciate that there is a high chance of capital loss or can incur losses more than the capital investment in individual transactions and am/are willing to accept substantial risks. I/We am/are also keen on contra transactions and have an appetite for investing in speculative shares.

SECTION D - CUSTOMER'S RISK TOLERANCE/INVESTMENT PROFILE

Part 1- Investor Profile Questionnaire

Please select only **ONE** of the available options for each question by placing a tick in the box that you think best describes yourself. Kindly complete the questionnaire fully by completing all questions.

1. Which of the following do you think best describes your investment objectives?

	Score	
A Your primary focus is on capital growth. You are prepared to accept the high level of short-term volatility and possible capital losses in order to generate potentially higher levels of capital growth over the long term. You are well placed to recover from unforeseen market downturns either because you have time on your side or access to capital reserves.	1 pt.	<input type="checkbox"/>
B You require your investments to be a balance between capital growth and income generating assets. Calculated risks will be acceptable as you are prepared to accept short-term levels of volatility in order to outperform inflation.	3 pts	<input type="checkbox"/>
C Generating a regular income stream is a priority over capital growth. You are prepared to sacrifice higher returns in favor of preservation of capital.	5 pts	<input type="checkbox"/>

2. What percentage of your risk capital will be put at risk using our services? (Risk capital means funds and assets which if lost would not materially change your lifestyle or your family's lifestyle)

	Score	
A Greater than 70%	1 pt.	<input type="checkbox"/>
B 35% to 70%	3 pts	<input type="checkbox"/>
C Less than 35 %	5 pts	<input type="checkbox"/>

3. Once investments have been placed, how long would it be before you would need to access your capital?

	Score	
A Longer than 2 years	1 pt.	<input type="checkbox"/>
B Between 6 months and 2 years	3 pts	<input type="checkbox"/>
C Less than 6 months	5 pts	<input type="checkbox"/>

4. Inflation can reduce your spending power. How much risk are you prepared to take to counteract the effects of inflation?

	Score	
A I am comfortable with short to medium term losses in order to beat inflation over the longer term.	1 pt.	<input type="checkbox"/>
B I am conscious of the effects of inflation and am prepared to take moderate risks in order to stay ahead of inflation.	5 pts	<input type="checkbox"/>
C Inflation may erode my savings over the long term, but I am only willing to take limited risk to attempt to counter the effects of inflation.	10 pts	<input type="checkbox"/>

5. How much money have you set aside (outside of your pension/ Central Provident Fund Savings) to handle emergencies?		
	Score	
A More than 6 months of living expenses	1 pt.	<input type="checkbox"/>
B Between one and six months of living expenses	3 pts	<input type="checkbox"/>
C Less than one month of living expenses	5 pts	<input type="checkbox"/>
6. You possess \$100,000 and wish to invest the funds for the future. Which of the asset mixes would you choose to invest in?		
<ul style="list-style-type: none"> • Investment A has a potential return of 30% but the possibility of losing up to 40% in any year. • Investment B has an average return of 3% with the possibility of losing up to 5% in any year. 		
	Score	
A 80% in Investment A and 20% in Investment B	1 pt.	<input type="checkbox"/>
B 50% in Investment A and 50% in Investment B	3 pts	<input type="checkbox"/>
C 20% in Investment A and 80% in Investment B	5 pts	<input type="checkbox"/>
7. Over the long term, what return do you reasonably expect to achieve from your investment portfolio?		
	Score	
A More than 9% per annum above the prevailing fixed deposit rate	1 pt.	<input type="checkbox"/>
B Prevailing fixed deposit rate plus 3-9% per annum	3 pts	<input type="checkbox"/>
C Less than 3% per annum above the prevailing fixed deposit rate	5 pts	<input type="checkbox"/>
8. Most investments can fluctuate both up and down (i.e., volatility). How much could your investment fall in value over a 12-month period before you begin to feel concerned and anxious?		
	Score	
A More than 25%	1 pt.	<input type="checkbox"/>
B Up to 25%	5 pts	<input type="checkbox"/>
C Up to 5%	10 pts	<input type="checkbox"/>
9. What would your reaction be if six months after placing your investment you discovered that your portfolio had decreased in value by 20%?		
	Score	
A I would invest more funds to lower my average investment price, expecting future growth.	1 pt.	<input type="checkbox"/>
B This was a calculated risk, and I would leave the investment in place, expecting future growth.	3 pts	<input type="checkbox"/>
C I would cut my losses.	5 pts	<input type="checkbox"/>

10. To what extent are you concerned about preservation of your capital?

	Score	
A A high degree of risk would be acceptable given longer-term capital growth objectives	1 pt.	<input type="checkbox"/>
B A moderate degree of risk would be acceptable given the potential for increased returns	5 pts	<input type="checkbox"/>
C A minimal degree of risk would be acceptable for a slight increase in potential returns	10 pts	<input type="checkbox"/>

11. What are your current income requirements from your investments?

	Score	
A I require a small amount of investment income as I am mainly focused on capital growth	1 pt.	<input type="checkbox"/>
B I require an equal combination of investment income and capital growth	3 pts	<input type="checkbox"/>
C I require substantial investment income with only some capital growth	5 pts	<input type="checkbox"/>

Please add the scores indicated next to your selected options for every question and indicate your total score in the box below

Total Points (Questions 1-11)

Part 2: Your Investment Profile/Risk Tolerance

Based on the score from the questions you have answered in the previous section of this questionnaire, you have been determined to be the following type of investor:

Score	Description
30 points or less	<p>Aggressive</p> <p>An Aggressive Investor is prepared to accept <u>higher risk in order to obtain greater investment returns</u> with a potential to <u>lose all or more of his capital</u>. An Aggressive Investor is comfortable with investments that are <u>more volatile and bear a higher risk of loss of capital</u>.</p>
31-47 points	<p>Balanced</p> <p>A Balanced Investor seeks a mixture of capital growth and regular income from his investments. A Balanced Investor is therefore prepared to accept <u>moderate amounts of risk to earn moderate potential returns</u>. A Balanced Investor accepts that there is a real <u>potential to lose at least part of his capital in seeking moderate returns</u>. A Balanced Investor appreciates that there will be, even in times of stability, <u>occasional periods of volatility and risk of loss of capital</u>.</p>
48 points or more	<p>Conservative</p> <p>You are a Conservative Investor. You seek capital preservation, and a safe regular income is a priority over capital growth. You should seriously consider whether you should be investing other than in a fixed deposit.</p> <p>A Conservative Investor seeks primarily capital preservation. A Conservative Investor principally seeks a safe and regular income as a priority over capital growth. A Conservative Investor should seriously consider whether he should be putting his money in investments other than in fixed deposits.</p>

Part 3: Risk Profile Acknowledgement

Risk Profile Acknowledgement

- I/We **agree** with the risk profile category assigned above and understand that this profile will be considered in the advice or recommendation process.

- I/We **disagree** with the risk profile determined/ inferred from my/our answers as it does not match with my/our investment objectives. For the avoidance of doubt, I/we confirm that my/our investment objective should be **Conservative/ Balanced/ Aggressive** (please circle only one category), and I/we believe I/we should be regarded as bearing the following risk profile: **Conservative/ Balanced / Aggressive** (please circle only one category). Please use this information as the basis when providing advice or recommendation to me/us and ignore my answers in Part 1 of Section D.

SECTION E - DOCUMENTS REQUIRED			
NO.	DOCUMENTS	(✓)	REMARKS
1.	Brief Curriculum Vitae of Director(s)	<input type="checkbox"/>	
2.	For Companies , please provide certified true copies of the following:		
	a) Memorandum and Articles of Association	<input type="checkbox"/>	
	b) Certificate of Incorporation	<input type="checkbox"/>	
	c) Particulars of Directors (certified true copy) i.e.: - <ul style="list-style-type: none"> • Form 49 for Malaysian company (or) • Form 25 for Labuan Offshore company (or) • Other equivalent document 	<input type="checkbox"/>	
	d) Particulars of Shareholders (certified true copy) i.e.: <ul style="list-style-type: none"> • Form 24 for Malaysian company (or) • Form 13 for Labuan Offshore company (or) • Other equivalent document 	<input type="checkbox"/>	
	e) Registration of Registered Office and Changes <ul style="list-style-type: none"> • Form 44 for Malaysian company (or) • Form 23 for Labuan Offshore company (or) • Other equivalent document 	<input type="checkbox"/>	
	f) Company Profile	<input type="checkbox"/>	
	g) Reference Letter (if applicable)	<input type="checkbox"/>	
	h) Company Search from Labuan Financial Service Authority ("Labuan FSA") or other authorities where applicable	<input type="checkbox"/>	
<i>Note For companies incorporated outside Malaysia and Labuan, all non-original documents are to be notarized and legalized by either a Notary Public or an Authorized Officer of a Malaysia Embassy in the respective countries.</i>			
3.	For INDIVIDUALS , please provide certified true copies of the following:		
	a) Passport [Expiry Date: _____]	<input type="checkbox"/>	
	b) National Registration Identity Card ("NRIC")	<input type="checkbox"/>	
	c) Other Personal Validation documents	<input type="checkbox"/>	
	d) Business References, if any	<input type="checkbox"/>	
	e) Credit Tip Off Service ("CTOS") Check	<input type="checkbox"/>	
	f) Bankruptcy Search	<input type="checkbox"/>	

	g) World Check, if applicable	<input type="checkbox"/>	
	h) Politically Exposed Person ("PEP"), please (✓) <input type="checkbox"/> Foreign PEP <input type="checkbox"/> Local PEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	

SECTION F - DECLARATION

I/We hereby confirm that all information provided by the applicant(s) in this Application is true and accurate in all respect.

I/We acknowledge that True Trade Pro Limited will be relying on such information to its possible detriment in deciding whether True Trade Pro Limited can provide services to me/us without violating applicable laws.

I/We confirm to agree all the terms and conditions in **Client Agreement, Risk Disclosure Statement, Fee Schedule, and Privacy Policy Statement of True Trade Pro Limited.**

I/We agrees to indemnify and hold harmless True Trade Pro Limited and its directors, staff, member agents, attorneys, and affiliates and each other person, if any, against any and all loss, liability, claim, damage, and expense whatsoever arising out of or based upon any false representation or warranty or breach or failure by me/us to comply with any agreement made by me/us herein or in this application or in any other document furnished by me/us to any of the foregoing in connection with this document.

Name:

Signature:

Date:

Comprehensive Customer Due Diligence Report

The following sections will be completed by the officer(s) of True Trade Pro Limited.

SECTION I - RISK PROFILING PROCESS & METHODOLOGY	
BY CUSTOMER PROFILE	
<p><u>High Risk Category</u></p> <p><input type="checkbox"/> PEP (Foreign)</p> <p><input type="checkbox"/> Non-face-to-face clients</p> <p><input type="checkbox"/> Walk in client</p> <p><input type="checkbox"/> Foreign Incorporation/Trust companies</p> <p><input type="checkbox"/> Bearer Share companies</p> <p><input type="checkbox"/> Shell Banks</p> <p><input type="checkbox"/> High Risk Business *</p>	<p><u>Non-High Risk Category</u></p> <p><input type="checkbox"/> PEP (Local)</p>
BY GEOGRAPHICAL LOCATION	
<p><u>High Risk Category</u></p> <p><input type="checkbox"/> Tax Haven Countries**</p> <p><input type="checkbox"/> UNSC Sanctioned Countries</p> <p><input type="checkbox"/> Countries listed under sanction from LFSA</p>	<p><u>Non-High Risk Category</u></p> <p><input type="checkbox"/> Non- Tax Haven Countries</p> <p><input type="checkbox"/> Non- Blacklisted Countries</p>

* Casinos/Gaming
 Arms related business
 Travel agencies
 Import/export companies
 Jewel/Gems/Metal/Art/Antique dealers
 Other cash intermediate business

** See attachment list (Appendix A)

CONCLUSION (To be completed by compliance officer and concurred by Higher Authority)	
<p>This customer falls under the</p> <p><input type="checkbox"/> High Risk Profile</p> <p><input type="checkbox"/> Non-High Risk Profile</p>	
<p>Officer Name & Designation:</p> <p>Signature & Date:</p>	<p>Concurred by (name) & Designation:</p> <p>Signature & Date:</p>

SECTION II - ENHANCED DUE DILIGENCE PROCESS

Please provide answers to the following questions

1. Describe the source of fund	
2. Describe the source of wealth	
3. Describe the reason for the intended transaction	
4. Describe the volume of assets	

We/I confirm the above information is accurate and true to the best of our/my knowledge.

Signature : _____

Date : _____

CHECKLIST UNDER EDD

- First payment to be effected to an account in the customer's name
- Additional information on the intended level and nature of the business relationship
- Regular update on customer's identification data
- To obtain senior management approval before establishing relationship

Final sign off by Compliance Officer	Signature:	Date:
--------------------------------------	------------	-------