

PERSONAL DATA ACCESS REQUEST FORM

This Data Access Request is made to:

- AmlInvestment Services Berhad (Company No: 1544232-A)
 AmlInvestment Management Sdn Bhd (Company No. 379438 –T)
 AmlIslamic Funds Management Sdn Bhd (Company No. 830464 – T)

IMPORTANT NOTE:

- This form is to be completed by individuals requesting access to personal data
- This form is not to be used for requesting copies of transactional documents. Copies of transactional documents can be obtained from your relationship manager / officer / relevant branches / business units.
- Your request may not be processed if the information / document provided is incomplete OR where the request is of a commercially confidential information.
- Third Party Requestor is to be present at the relevant office / branch to submit this form and for verification of information and documents required.
- The supporting document(s) required in this form must be provided. We will respond within 21 days of receipt of the completed form with accompanying documents.
- If you have any queries / need any guidance in filling-up this form, you may contact:
Client Service Officer at +603 2031 5210 / e-mail: aminvest@ambankgroup.com
- If you wish to mail this form, the duly completed form can be mailed (together with payment of the required processing fee) to: Client Service Officer (Data Access Request), P.O Box 13611, 50816 Kuala Lumpur OR 9th Floor, Bangunan AmBank Group, No 55, Jalan Raja Chulan, 50200, Kuala Lumpur

PART A : ABOUT YOURSELF

- I am a customer / former customer of and I would like to access my personal data
 I am a Third Party Requestor [i.e. I am making this request for personal data of another person.]

PART B : PARTICULARS OF THE DATA SUBJECT

Full name (as per NRIC): _____

NRIC/Passport Number: _____ (Copy to be attached)

Address: _____

Account No.: _____

Telephone No:- Office/Home: _____ Mobile: _____ E-mail: _____

PART C : PARTICULARS OF THIRD PARTY REQUESTOR

[to be filled if request is made by a person other than Data Subject]

Full name: _____

NRIC / Passport/ Number: _____

Address: _____

Telephone No:- Office/Home: _____ Mobile: _____ E-mail: _____

⇒ I am making this request for the personal data of Data Subject because Data Subject:

- is a minor and I am the parent / legal guardian / parental responsibility over the Data Subject
 is incapable of managing his/her affairs and I have been appointed by Court to manage his affairs
 had passed away and I have been appointed as administrator of Data Subject's estate.
 authorised me in writing to make this data access request
 other reason: (please specify):.....

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⇒ In proof of my capacity, I enclose the following:

- copy of my NRIC / Passport (original to be produced for inspection); and
- original of Court Order / Power of Attorney
- original of authorisation letter from Data Subject
- other documents *(please specify)*:.....

PART D : THE PERSONAL DATA REQUESTED

⇒ Please tick [√] for the type of product / service for which the personal data is being requested

- I am / Data subject is a unitholders of:
 - Unit Trust Funds, *(please specify)*:
 - Private Retirement Scheme, *(please specify)*:
 - Wholesale Funds, *(please specify)*:
- I am / Data Subject is a director / shareholder / authorised signatory of

PART E : THE REQUEST

⇒ I would like to be:

- informed whether or not the personal data is held by the company (i.e. no copy of personal data is required by me)
- to be supplied with a copy of the personal data requested

PART F : PREFERRED MANNER OF DELIVERY

⇒ The personal data requested :

- is to be mailed to my address stated above.
- will be collected by me personally from your office

PART G : DECLARATION

(by Data Subject / Third Party Requestor)

I, _____ (NRIC / Passport No: _____) hereby certify that the information given in this form and all documents enclosed are true and accurate.

..... Date:.....
(Signature of Data Subject / Third Party Requestor)

FOR OFFICE USE ONLY:

PART H : ACKNOWLEDGMENT RECEIPT

Received by: Date Received:
(signature of AmInvest's staff receiving the request)

Name: Designation:

Office: Official Rubber Stamp: