

PROFILE UPDATE FORM

Important: Please complete this form in **BLOCK LETTERS** and **BLACK INK ONLY**.

PARTICULARS OF APPLICANT

NRIC NO.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OTHER ID NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PASSPORT EXPIRY DATE (IF APPLICABLE)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OTHER ID TYPE	<input type="checkbox"/> Passport	<input type="checkbox"/> Malaysian New IC	<input type="checkbox"/> Army ID														
NAME (Full name as in NRIC/ Identification Documents)																	
<input type="text"/>																	
<input type="text"/>																	
CORRESPONDENCE ADDRESS																	
Address	<input type="text"/>																
	<input type="text"/>																
Postcode	<input type="text"/>	City	<input type="text"/>														
State	<input type="text"/>	Country	<input type="text"/>														
PERMANENT/ REGISTERED ADDRESS			<input type="checkbox"/>	Cross [X] this box if Permanent Address is the same as Correspondence Address													
Address	<input type="text"/>																
	<input type="text"/>																
Postcode	<input type="text"/>	City	<input type="text"/>														
State	<input type="text"/>	Country	<input type="text"/>														
Tel. No. (Mobile)	<input type="text"/>	-	<input type="text"/>	Tel. No. (Office)	<input type="text"/>	-	<input type="text"/>										
Tel. No. (House)	<input type="text"/>	-	<input type="text"/>	Email Address	<input type="text"/>												
NATIONALITY	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others (Please specify):															
GENDER**	<input type="checkbox"/> Male	<input type="checkbox"/> Female															
MARTAL STATUS**	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed													
RACE	<input type="checkbox"/> Bumiputra	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Others (Please specify):													
ANNUAL INCOME	<input type="checkbox"/> <=24,000	<input type="checkbox"/> 24,001 - 60,000	<input type="checkbox"/> 60,001 - 100,000	<input type="checkbox"/> 100,001 - 250,000	<input type="checkbox"/> >250,000												
TAX IDENTIFICATION NUMBER (TIN)	<input type="text"/>				REQUEST TO RECEIVE e-Invoice:	<input type="checkbox"/> YES											
I declare that I do not have a TIN <input type="checkbox"/> Note: If you do not have a TIN or where the TIN provided is incomplete or inaccurate, we will not be able to issue an e-Invoice.																	
SALES AND SERVICE TAX (SST) Registration Number	<input type="text"/>																
I declare that I do not have a SST <input type="checkbox"/>																	
SALUTATION**	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Encik	<input type="checkbox"/> Puan	<input type="checkbox"/> Cik	<input type="checkbox"/> Others (Please specify):											
SOURCE OF FUND	<input type="checkbox"/> Employment	<input type="checkbox"/> Sales of Assets	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Savings	<input type="checkbox"/> Business	<input type="checkbox"/> Others (Please specify):											
OCCUPATION*	<input type="text"/>	Others (Please specify)	<input type="text"/>														
NATURE OF OCCUPATION*	<input type="text"/>	Others (Please specify)	<input type="text"/>														
MOTHER'S MAIDEN NAME**																	
<input type="text"/>																	
Do you hold any (or are you related to such persons) Public or Political Office, including committee/council positions? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
PURPOSE OF ACCOUNT TO BE OPENED:	<input type="checkbox"/> Investment	<input type="checkbox"/> Retirement	<input type="checkbox"/> Protection	<input type="checkbox"/> Staff Emergency/ Welfare Fund	<input type="checkbox"/> Temporary Placement	<input type="checkbox"/> Others (Please specify):											
EMPLOYER NAME	<input type="text"/>																

Exchange Control Declaration (Non-Malaysians & Malaysians residing outside Malaysia)

- ☐
 I / We declare that I am / we are resident(s) of Malaysia
- ☐
 I / We declare that I am/we are a permanent resident(s) of _____ and I am/ we are non-resident for exchange control purpose.
- ☐
 I/We hereby declare and represent that I am/We are: (Check all that apply)

☐ A) A tax resident of Malaysia
 ☐ B) A tax resident or citizen of a country other than Malaysia

 And I/we hereby declare and represent that I/we have checked all designations that may apply to me/us. If B is checked, you are required to complete the Individual Self-Certification

Vulnerable Customer Declaration

- ☐
 I declare that I am not a vulnerable client
- ☐
 I am a vulnerable client [kindly provide further explanation]

Note: Vulnerable refers to situations arising from a variety of circumstances, including permanent or temporary disabilities or recent significant life events.

General Declaration / Signature (s)

- I/We hereby declare that the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and the documents submitted undertake to promptly inform

 - Principal of any changes to the information provided herein and agree and accept that Principal are not liable or not responsible for any losses, costs and/or damages, arising out of any actions undertaken or activities performed by Principal on the basis of the information provided by me/us and also intimating such changes.
- I hereby declare that the above information given by me is true, accurate and complete and that I have not been declared a bankrupt person and that the source of fund(s) invested herein does

 - not contravene the laws of Malaysia including the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001. I acknowledge that I am aware that there are fees and charges that I will incur directly or indirectly when investing in the fund(s)/class of fund(s).
- I/We hereby acknowledge the above information given is for all products/holdings with Principal Asset Management Berhad ("PAMB").
- I/We hereby acknowledge that I/we have accessed and/or read the Privacy Notice issued by Principal (which is available at www.principal.com.my) and confirm my/our agreement to the same.
- By affixing your signature below, you have therefore expressly provided the necessary consent for us to deal with your personal data as detailed above. Should you wish to change your instructions to us pertaining to your personal data kindly contact our Customer Care Centre or branch offices.
- I/We understand that Principal Asset Management Berhad ("PAMB"), its related companies and affiliates may collect, record, hold, use, disclose and store information. I/we have provided to PAMB, it's related companies or its affiliates for the purposes of e-Invoice issuance as required by Inland Revenue Board of Malaysia ("IRBM").

SIGNATURE OF INVESTOR

DATE

For Internal Use

STAFF NAME AND INITIAL : _____

TRANSACTION DATE:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Please do not hesitate to contact our Customer Service via email at myservice@principal.com or WhatsApp at 016-2996171 or call 03 7723 7260 for any assistance.

APPENDIX

Occupation

01	AGRICULTURE
02	ACCOUNTANTING/FINANCE
03	ARTS/ENTERTAINMENT
04	CIVIL SERVICE
05	COMMISSIONED: SALES OR ADVISORY
06	EDUCATION PROFESSIONAL
07	FREELANCE/PROFESSIONAL (MUST INDICATE NATURE OF OCCUPATION)
08	GENERAL WORKER/LABOUR
09	HOUSEWIFE
10	MEDICAL PROFESSIONAL
11	MONEY SERVICES
12	POLICE/ARMED FORCE
13	RETIREE
14	SALES/MARKETING
15	SEFL-EMPLOYED/BUSINESS OWNER (MUST INDICATE NATURE OF OCCUPATION)
16	SKILLED WORKER
17	TECHNICAL/ENGINEERING
18	TRUSTEE/CUSTODIAN
19	UNEMPLOYED
20	OTHERS (PLEASE SPECIFY)

Nature of Occupation

01	ARMS MANUFACTURER
02	EDUCATIONAL SERVICES
03	ENTERTAINMENT OUTLET
04	FARMING/FISHING/FORESTRY
05	FINANCIAL INTERMEDIARY
06	GAMING & GAMBLING
07	GENERAL RETAIL
08	HOTEL/CATERING SERVICES
09	INDUSTRIAL MANUFACTURING & DISTRIBUTION
10	IMPORT/EXPORT
11	JEWELLERY, GOLD & LUXURY PRODUCTS
12	PERSONAL SERVICES
13	PROFESSIONAL FIRM
14	REAL ESTATE/PROPERTY
15	REFLEXOLOGY/MASSAGE PARLOUR
16	RETAIL: ELECTRONIC & TELECOMMUNICATION GOODS
17	SECOND HAND DEALERS
18	TRAVEL AGENCY
19	WHOLESALE CONSUMER GOODS
20	OTHERS (PLEASE SPECIFY)