

Non-Individual Customer Information Update Form



Business Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Sdn Bhd <input type="checkbox"/> Berhad <input type="checkbox"/> Others: _____ (Society/Club/Association)			
Registered Name:				
Business Registration Number:	Country of Incorporation: <input type="checkbox"/> Malaysia <input type="checkbox"/> Others:			
Registered Address:				
	Postcode:	State:	Country:	
Principal Address of Business: (If different from Registered Address)				
	Postcode:	State:	Country:	
Business Telephone:	Business Email Address:			
Nature of Business:				
Source of Funds:	<input type="checkbox"/> Salary Income <input type="checkbox"/> Business Income / Proceeds <input type="checkbox"/> Retirement Fund / Pension <input type="checkbox"/> Investment return, Dividend / Interest Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Bank Borrowing / Loan / Financing <input type="checkbox"/> Sale of Property / Assets <input type="checkbox"/> Inheritance / Gift <input type="checkbox"/> Lottery / Gambling win <input type="checkbox"/> Proceeds from Insurance Claim / Settlement <input type="checkbox"/> Maturity of Insurance Policy <input type="checkbox"/> Others: _____			
Source of Wealth:	<input type="checkbox"/> Salary Income <input type="checkbox"/> Retained Earning <input type="checkbox"/> Retirement Fund / Pension <input type="checkbox"/> Others: _____			
Purpose of Account:	<input type="checkbox"/> Salary Crediting <input type="checkbox"/> Savings <input type="checkbox"/> FD interest Crediting <input type="checkbox"/> Investment <input type="checkbox"/> Business Transactions <input type="checkbox"/> Servicing Loans / Loan Repayment <input type="checkbox"/> Trust Account <input type="checkbox"/> Collection Account <input type="checkbox"/> Others: _____			
Details of Proprietor / Directors / Partners / Others / Shareholders with min. 10% shareholdings	Name	NRIC/Passport	Position Held	Shareholding %
I/We hereby declare the information submitted is correct and will furnish the bank with the necessary certified true copy documents reflecting the updated information and consent the bank to update my latest information in the bank's Customer Information Records for the following account number(s):				
Signed by Authorized Signatory with Company Stamp:			Date:	
<i>For bank's use only:</i>				
Attended By	Updated By		Checked By	
Date & Time	Date & Time		Date & Time	