



**PMB Investment Berhad 199301001702 (256439-D)**

(A member of Pelaburan MARA Group)

2<sup>nd</sup> Floor, Wisma PMB, No. 1A, Jalan Lumut, 50400 Kuala Lumpur

General Line: 03-4145 3800 Investor Care Line: 03-4145 3900 Fax: 03-4145 3901

Email: clients@pelaburanmara.com.my Website: www.pmbinvestment.com.my

Account No:

Account type:  Cash  EPF

### TRANSACTION FORM

Repurchase/Redemption

Switching

Tick [  ] where appropriate. Please complete in **BLOCK LETTERS and BLACK INK** only.

#### 1. PARTICULARS OF INDIVIDUAL APPLICANT

You **MUST** be 18 years and above as at the date of this application. Please provide a copy of your NRIC or Passport

Name(s)

NRIC / Passport No.

Contact No.

-

#### 2. PARTICULARS OF JOINT APPLICANT

Name(s)

NRIC / Passport / Birth Certificate No.

Contact No.

-

#### 3. PARTICULARS OF NON-INDIVIDUAL APPLICANT (CORPORATION / PARTNERSHIP / OTHER ENTITIES)

Please provide a certified true copy of Board Resolution/Extract of Minutes of Meeting/Signatories List/Copy of NRIC or Passport (where applicable)

Registration No.

Name(s)

Person to Contact

Tel. No.  -  Ext.

#### 4. REPURCHASE / REDEMPTION REQUEST

Full Redemption

Name(s) of Fund(s)

Payment delivery mode

Cheque via ordinary mail

Others (please specify)

#### 5. SWITCHING REQUEST

SWITCH FROM

Name of Fund

Amount in Units / RM

SWITCH TO

Name of Fund(s)

% of original fund

Distribution Instruction

Reinvest

Cheque/e-Payment

Reinvest

Cheque/e-Payment

Reinvest

Cheque/e-Payment

**TOTAL : 100%**

#### 6. DECLARATION & SIGNATURES

I/We have read and fully understood the latest Master Prospectus and its Supplementary (if any) for the Fund(s) to be repurchased / redeemed or switched, and fully aware of the fees and charges that will directly and indirectly incur for the purpose and agree to be bound by the Terms and Conditions. By completing this Form, I/ we acknowledge and accept that PMB Investment Berhad has absolute discretion to rely on this confirmation form and undertake to indemnify and hold harmless PMB Investment Berhad, its employees and consultants against all costs, expenses, loss of liabilities, claims and demands arising out of this confirmation. I/We fully understand that PMB Investment Berhad will not proceed with the request stated in this form unless the relevant documents are furnished and completed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/Company Stamp	Date	Signature/Company Stamp	Date

\*Signatories for non-individual must be an authorised signatories and cancellation of any request are not allowed once PMB Investment Berhad receives this form.

#### 7. CONSULTANT DETAILS (IF APPLICABLES)

Name (as per NRIC)

Reporting Branch

Agent Code

FIMM Code

Telephone No.  -

#### FOR OFFICE USE

Form Verified By Customer Services

Processed By Transaction Services

Initial

Date

**COMPANY'S COPY**



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Account No: Account type:  Cash  EPF**TRANSACTION FORM** Repurchase/Redemption SwitchingTick [  ] where appropriate. Please complete in **BLOCK LETTERS and BLACK INK** only.**1. PARTICULARS OF INDIVIDUAL APPLICANT**You **MUST** be 18 years and above as at the date of this application. Please provide a copy of your NRIC or PassportName(s) NRIC / Passport No. Contact No.  - **2. PARTICULARS OF JOINT APPLICANT**Name(s) NRIC / Passport / Birth Certificate No. Contact No.  - **3. PARTICULARS OF NON-INDIVIDUAL APPLICANT (CORPORATION / PARTNERSHIP / OTHER ENTITIES)**

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Registration No. Name(s) Person to Contact Tel. No.  -  Ext. **4. REPURCHASE / REDEMPTION REQUEST** Full Redemption

Name(s) of Fund(s) \_\_\_\_\_

 Partial Redemption

Amount in Units / RM (please delete whichever is not applicable) \_\_\_\_\_

**Payment delivery mode** Cheque via ordinary mail Others (please specify) \_\_\_\_\_ Credit into account as per details below:

Account No: \_\_\_\_\_

Bank Name: \_\_\_\_\_

**5. SWITCHING REQUEST****SWITCH FROM**

Name of Fund \_\_\_\_\_

Amount in Units / RM \_\_\_\_\_

**SWITCH TO**

Name of Fund(s) \_\_\_\_\_

% of original fund \_\_\_\_\_

Distribution Instruction

 Reinvest Cheque/e-Payment Reinvest Cheque/e-Payment Reinvest Cheque/e-Payment**TOTAL : 100%****6. DECLARATION & SIGNATURES**

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**7. CONSULTANT DETAILS (IF APPLICABLES)**Name (as per NRIC) Reporting Branch Agent Code FIMM Code Telephone No.  - **FOR OFFICE USE**

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Processed By Transaction Services

Initial \_\_\_\_\_

Date \_\_\_\_\_

**CUSTOMER'S COPY**



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Registration No. Name(s) Person to Contact Tel. No.  -  Ext. **4. REPURCHASE / REDEMPTION REQUEST** Full RedemptionName(s) of Fund(s)  Partial Redemption

Amount in Units / RM (please delete whichever is not applicable)

**Payment delivery mode** Cheque via ordinary mail Others (please specify)  Credit into account as per details below:Account No: Bank Name: **5. SWITCHING REQUEST****SWITCH FROM**Name of Fund Amount in Units / RM **SWITCH TO**Name of Fund(s) % of original fund 

Distribution Instruction

 Reinvest Cheque/e-Payment Reinvest Cheque/e-Payment Reinvest Cheque/e-Payment**TOTAL : 100%****6. DECLARATION & SIGNATURES**

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Initial Date **CONSULTANT'S COPY**