



CLIENT IDENTITY CHART - INDIVIDUAL / PRINCIPAL	
TRUSTEE / SETTLOR / BENEFICIARIE / PROTECTOR / CO. DIRECTOR / SUBSTANTIAL S/HOLDER / A/C SIGNATORY / SIGNIFICANT PARTNER / PROXY	
Mr / Mrs / Miss / Minor	Single / Married / Divorced / Widower / Widow
Family Name	
Other Names	
Former Names and/or Aliases	
Permanent Residential Address	
Telephone Number	Home: Office:
Fax Number	
E-mail Address	
Date of Birth	
Place of Birth	
Nationality	
Place of Work	
Occupation	
ID Card Number	
Passport No. & Date of Issue	
Average Monthly Income	<input type="checkbox"/> 1,000 - 5,000 <input type="checkbox"/> 20,001 - 25,000 <input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> 25,001 - 40,000 <input type="checkbox"/> 10,001 - 15,000 <input type="checkbox"/> 40,001 - 75,000 <input type="checkbox"/> 15,001 - 20,000 <input type="checkbox"/> Above 75,000
Documents Appended	
Source of funds	

I hereby:

- (i) Certify that the above information is true and correct
- (ii) Undertake to notify Associated Brokers Limited in writing of any change of particulars or information provided by me in this form.

Signature:

Name:

Date:

For office use only

Verified By: (S)

Date: