

NOTE: This Investor Suitability Assessment Form serves as a **GUIDE**. This form merely illustrates the type of information that could be gathered from the investors during a suitability assessment. The presentation style, contents and type of information below should be amended according to the types of unlisted capital market products offered.

This Investor Suitability Assessment Form will guide you in choosing the unlisted capital market products that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable unlisted capital market products are recommended according to your investment needs and objectives.

INVESTOR SUITABILITY ASSESMENT FORM

FILE SPECIFIC INFORMATION

Date Undertaken	
Adviser's Name	
Product Issuer	
Branch	
Name of Product	
Category of Product	
Review Date	

A. KNOW-YOUR-INVESTOR PROCESS

Investor's Details

Joint/Single Holder	
Name	
Age at time of Recommendation	
Nationality	
NRIC/ID No/Passport No	
Residential Address	
*Marital Status	
No. of Dependents	
Contact No.	
Email Address	
Remarks	

**optional*

[IMPORTANT: Please read our Personal Data Protection Notice ("Notice") before completing this form. By giving us your personal data and signing this form, you are indicating to us that you consent and agree to the terms of our Notice and to the terms of this form. Our Notice is available on our website at www.muamalat.com.my and from any of our outlets]



Investor's Employment Status

Current Employment Status/Profession	
If conducting business, nature of investor's business	
Annual Income	
Expected / actual retirement age	
Is capital or principal security or protection important to investor? (where applicable)	
Whether capital / principal investment is protected	
Category of Investor	
Remarks	

B. INVESTOR'S NEEDS ANALYSIS

Investor's Investment Objectives

Duration period, the investor wishes to invest in the product	
Rationale choosing the product	
General expectation of outcome of the product	

Purpose of Investment	Please Circle			Remarks
Saving for specific purpose	Priority	Yes	No	
Supplementing income in retirement	Priority	Yes	No	
General lump sum investment for growth	Priority	Yes	No	
General lump sum investment for income	Priority	Yes	No	
Others : State in comment box	Priority	Yes	No	
Investor refuses to provide sufficient information				

Remarks:

Investor's Financial Situation

Investor's assets, liabilities, cash flow and income	
Proportion of investment out of investor's net assets (not including investor's residential property)	
Investor's regular financial commitment	

Investor's Risk Tolerance / Risk Profile

The risk of loss of capital that investor is willing to bear: _____

Investor's Current Portfolio

Existing investment portfolio the investor currently holds:	
Performance of current investment portfolio	

C. INVESTOR'S INVESTMENT KNOWLEDGE ASSESSMENT

Investor's Relevant Knowledge

Whether prospective investor has dealt in securities and / or derivatives	
Relevant knowledge or experience to understand risks associated with the product	
Ability to understand risks involved	
Investment experience	

Investor's Relevant Knowledge to understand the Features of the Products Offered

Appreciate any special feature of the product	
Whether investor understands the nature of the product	
Whether investor understands the terms of the product specification	

Product Details

*To include all the important information relating to the unlisted capital market products.

*To include all the relevant questions which are crucial in relation to the unlisted capital market products to the investor.



D. RECOMMENDATIONS SECTION (to be completed by product distributor):

Whether the product is recommended by the product distributor:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If **product is recommended** by the product distributor, the **basis of recommendation**.

Basis of recommendation:

If **product is not recommended** by the product distributor, the **reasons for non-recommendation**.

Remarks: _____

Date of recommendation: _____

Acknowledgement:

Reasons product is not recommended: _____

Remarks	Investor's Signature
The product distributor has explained and I have understood the features and risks of the product.	
All information disclosed is true, complete and accurate.	
I decline to provide certain information required for product suitability assessment and that this may adversely affect my suitability assessment.	
I acknowledge receipt of a copy of PHS and the relevant disclosure document which have been given to me.	
I have decided to purchase another unlisted capital market product that is not recommended by the product distributor.	
<hr/> Investor's Signature Name: Date:	<hr/> Sales Staff Signature Name: Date:

WARNING

THE RECOMMENDATION IS MADE BASED ON INFORMATION OBTAINED FROM THE SUITABILITY ASSESSMENT. INVESTORS ARE ADVISED TO EXERCISE JUDGEMENT IN MAKING AN INFORMED DECISION IN RELATION TO THE UNLISTED CAPITAL MARKET PRODUCT.