

- 1) If Trustee is one or more individuals, please complete KYC Form (Individual) and this form;
- 2) If Trustee is a partnership entity, please complete KYC Form (Partnership) and this form;
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SECTION A: TO BE COMPLETED BY AUTHORIZED SIGNATORY (IES) FOR THE TRUSTEE

Trustee information	<p>Name of Trustee:</p> <p>Date of creation:</p> <p>Place of creation:</p> <p>Purpose of Trust:</p> <p>Type of Trust (please tick):</p> <p>Discretionary <input type="checkbox"/></p> <p>Unit <input type="checkbox"/></p> <p>Family <input type="checkbox"/></p> <p>Pension <input type="checkbox"/></p> <p>Charitable <input type="checkbox"/></p> <p>Mutual Fund <input type="checkbox"/></p> <p>Others (please specify): _____</p> <p>_____</p>
Settlor/Creator/Grantor information	<p>Name of settlor:</p> <p>Identification number:</p> <p>Address:</p> <p>Tel no:</p> <p>Email address:</p> <p>Note: Settlor is required to complete KYC Form for Individual</p>

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Protector information <i>(Please complete with relevant information if Protector is appointed)</i>	Name: Identification number: Address: Tel no: Email address: Note: Protector is required to complete KYC Form for Individual
Beneficiary(ies) information <i>(Please list down all beneficiaries together with detailed particulars and provide relevant original documentary evidence for AKIIBB's verification)</i>	
Address <i>(Note: PO Box number is not acceptable)</i>	Business Address: Registered Address:

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	Telephone number: Fax number: Website :
Documentary evidence	Please furnish original and copy of documents for AKIIBB's verification: 1) Trust Deed 2) Trust Registration document 3) List of authorized signatories
How do you find out about Alkhaair International Islamic Bank Berhad (AKIIBB)	<input type="checkbox"/> Marketing team from AKIIBB: <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> Others: _____
Source of funds for the proposed investment with AKIIBB/ source of funds for the payment of the proposed financing arrangement with AKIIBB <i>(Applicable to depositor/ client who is seeking financing from AKIIBB)</i>	
Estimated investment capability / financing exposure through AKIIBB	USD : _____ SR : _____ BD : _____

ALKHAIR INTERNATIONAL ISLAMIC BANK BERHAD
KNOW YOUR CUSTOMER FORM (TRUSTEE)

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<i>(Applicable to depositor / client who is seeking financing from AKIIBB)</i>	Others: _____
Estimated Investment / financing tenure <i>(Applicable to depositor / client who is seeking financing from AKIIBB)</i>	Short (1-3 years): _____ Medium (>3 – 5 years): _____ Long (> 5 years) : _____
Existing bankers/ financial Institutions <i>(Top 2 bankers)</i>	Banker name: Address of banker: Tel no of banker: Relationship since: Types of Credit/ Loan/ Financing facilities : Amount of Credit/ Loan/ Financing facilities: Banker name: Address of banker:

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	<p>Tel no of banker:</p> <p>Relationship since:</p> <p>Types of Credit facilities:</p> <p>Amount of credit facilities:</p>
Declaration by authorized signatory(ies) of the Trustee	<p>Declaration:</p> <p>I/ We being the authorized signatory(ies) for the Trustee declare and confirm:</p> <ul style="list-style-type: none">a) that all information and documents provided are true, complete and correct; andb) that our business transactions are not related to any illegal/criminal activities <p>_____</p> <p>Name: Designation Date:</p>

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	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name:</div> <div style="margin-bottom: 5px;">Designation</div> <div style="margin-bottom: 5px;">Date:</div> <div style="border-top: 1px dashed black; margin-bottom: 5px;"></div> <div style="margin-bottom: 5px;">Please affix official rubber stamp</div>
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Conditions for signing:	
Authorized Signatory	Specimen Signature
Name: Designation: Date:	
Name: Designation: Date:	
Name: Designation:	

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Date:	
Name: Designation: Date:	
Name: Designation: Date:	