

Additional Know-Your-Customer (KYC) for Director		Date :	
A.	Customer Information		
1	Full Name :		
2	NRIC / Passport / Reference number:		
3	Contact Number :		(Office)
			(Mobile)
B.	Other Business Information		
1	Holding any director position with other company <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please state)</i> _____ _____		
2	Source of Funds /& Wealth <input type="checkbox"/> Directors Fee (please state) _____ <input type="checkbox"/> Salary (Name of employer) _____ <input type="checkbox"/> Inheritance _____ <input type="checkbox"/> Gift _____ <input type="checkbox"/> Others (please state) _____ _____ Signature		