

INVESTOR SUITABILITY ASSESSMENT FORM (ISAF) CORPORATE

This Investor Suitability Assessment Form will guide you in choosing the unlisted capital market products that suit your corporation's 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 corporation's investment needs and objectives.

Name Of Corporation (as per Certificate of Incorporation)	
Type Of Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Foundation / Charities <input type="checkbox"/> Bhd / Sdn Bhd <input type="checkbox"/> Others

CORPORATION'S NEEDS ANALYSIS			SCORE
1. What is your corporation's latest audited profit?	<input type="checkbox"/> ≤ RM100,000 (1) <input type="checkbox"/> RM100,001– RM150,000 (2) <input type="checkbox"/> ≥ RM150,001 (3)		
2. How would you describe your corporation's investment style?	<input type="checkbox"/> Conservative (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Aggressive (3)		
3. How familiar is your corporation with investing?	<input type="checkbox"/> We do not know anything about investing. (1) <input type="checkbox"/> We are reasonably familiar with the basic types of investments, including unit trust funds. (2) <input type="checkbox"/> We are both knowledgeable and experienced in general investment. (3)		
4. How long do you plan to hold your corporation investment?	<input type="checkbox"/> ≤ 2 years (1) <input type="checkbox"/> 3 - 5 years (2) <input type="checkbox"/> ≥ 6 years (3)		
5. Which of the following best describes your corporation's investments need?	<input type="checkbox"/> We do not need much capital growth. Rather, we need a steady, relatively predictable flow of income. (1) <input type="checkbox"/> We need capital growth to keep building towards future goals, but we do not want to put a major portion of our assets in investments that may fluctuate a lot. (2) <input type="checkbox"/> We do not need income right now. We are more interested in gaining as much capital growth as possible over the long term. (3)		
6. Does your corporation have an emergency fund for short-term cash needs? (e.g. 3 to 6 months' incomes)	<input type="checkbox"/> No. (1) <input type="checkbox"/> We are in the process of saving. (2) <input type="checkbox"/> Yes. We have an adequate emergency fund. (3)		
7. What would your corporation do if your corporation has invested a large amount of money in an equity fund which has a good historical performance record, but subsequently fell 15% over the course of a few months?	<input type="checkbox"/> Sell my corporation's investment in an effort to avoid possible further losses. (1) <input type="checkbox"/> Sit tight and hope the fund would bounce back. (2) <input type="checkbox"/> Make additional investment as the investment could be acquired at a lower price. (3)		
8. What would your corporation do if it can significantly increase investment returns by taking more risk?	<input type="checkbox"/> Unlikely to take any more risk. (1) <input type="checkbox"/> Willing to take higher risks with some of our money. (2) <input type="checkbox"/> Willing to take a lot higher risks with all of our money. (3)		
9. Which statement best describes the long-term investment strategy of your corporation?	<input type="checkbox"/> We are willing to accept only a small degree of investment risks. (1) <input type="checkbox"/> We are willing to take a moderate degree of risks with our investment today for potentially higher rewards in the future. (2) <input type="checkbox"/> We are willing to take the highest investment risks to reap potential substantial rewards. (3)		
10. Which statement best describes your corporation's investment objective?	<input type="checkbox"/> To preserve capital – We prefer to earn a steady stream of income and at the same time, achieve modest capital growth over the medium to long-term period. (1) <input type="checkbox"/> To achieve moderate income and/or capital growth – We prefer moderate capital growth with reasonable preservation of capital over the medium to long-term period. (2) <input type="checkbox"/> To maximise capital growth – We prefer high capital growth over the medium to long-term period. (3)		
Total Score			0

Based on the above, the risk profile of your corporation falls under:

Risk Category	Total Score	Tick (✓)
Conservative	≤ 10	
Moderate	11 - 20	
Aggressive	≥ 21	

RECOMMENDATIONS SECTION (to be completed by product distributor)

Investor Risk Category (please tick only one)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Conservative	Moderate	Aggressive
Fund Category	Money Market / Bonds / Fixed Income	✓	✓	✓
	Balanced / Mixed Asset	✗	✓	✓
	Equity	✗	✗	✓

Is the product recommended by the product distributor?

Yes No

Basis of recommendation / non-recommendation (Product distributor MUST complete this section):

Date of recommendation: _____

AS PART OF THE ON-GOING COMPLIANCE TO SECURITIES COMMISSION MALAYSIA'S GUIDELINES ON SALES PRACTICES OF UNLISTED CAPITAL MARKET PRODUCTS, YOU ARE REQUIRED TO COMPLETE A NEW ISAF TO SUPERSEDE THIS SIGNED VERSION IF YOU HAVE ANY MATERIAL CHANGES TO YOUR CORPORATION'S RISK PROFILE IN THE FUTURE.

ACKNOWLEDGEMENT (please acknowledge only one of the details below)

Acknowledgement	First Applicant's Signature / Authorised Signatory (1)	Joint Applicant's Signature / Authorised Signatory (2)
<p>1. I/We confirm that all information disclosed in this form is true, complete and accurate I/We have understood the features and risks of the category(ies) of fund(s) recommended as suitable for me/us based on the assessment and shall bear full responsibility for my/our investment decision. I/We also acknowledge receipt of the PHS* (where applicable) given to me/us.</p>	Name Date	Name Date
<p>2. I/We decline to provide certain information required for this product suitability assessment I/We confirm that all information disclosed in this form is true, complete and accurate. I/We understand that the outcome of this assessment may be adversely affected by my/our non-disclosure of certain information. I/We have understood the features and risks of the category(ies) of fund(s) recommended as suitable for me/us based on the assessment and shall bear full responsibility for my/our investment decision. I/We also acknowledge receipt of the PHS* (where applicable) given to me/us.</p>	Name Date	Name Date
<p>3. I/We have decided to invest in fund(s) that is/are not recommended by the product distributor I/We confirm that all information disclosed in this form is true, complete and accurate. I/We confirm that I/we have decided to purchase other fund(s) based on my/our own judgment/preference. I/We shall bear full responsibility for my/our investment decision and have understood the features and risks of the fund(s) that I/we intend to invest in. I/We also acknowledge receipt of the PHS* (where applicable) given to me/us.</p>	Name Date	Name Date

Product Distributor Representative's Signature
Name

Product Distributor Code

Date

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

FOR OFFICE USE ONLY			
Remarks	Form Verified By	Date	Receipt Stamp
Signature	Verified By	Date	
	Authorised By	Date	