

VULNERABLE CUSTOMER ASSESSMENT FORM

(THIS FORM IS APPLICABLE FOR EQUITY BROKING AND TREASURY PRODUCTS ONLY)

GUIDANCE NOTES

- This Form is compulsory for onboarding and/or periodic review on Vulnerable Customers.
- This Form only needs to be completed for Customers who declare themselves as “vulnerable customers”.
- Prior to completing the Form, it is essential to initiate contact with the customer to understand the nature of the vulnerability.
- You are required to setup the account / product offering that appropriately meets the customer needs and risk profile.
- In the event the product offerings do not meet the customer's needs or the risk profile, you may decline / reject the account by providing the basis on which the decision was made.
- You are encouraged to read and understand the SECURITIES COMMISSION's GUIDELINES ON CONDUCT FOR CAPITAL MARKET INTERMEDIARIES – SC-GL/3-2021 (R1-2024) on the Treatment of Vulnerable Customers.

PARTICULARS OF CLIENT

Name (As per NRIC/Passport)	
NRIC/Passport No	
Trading Account No	

ASSESSMENT AND ACKNOWLEDGEMENT BY DR / CMSRL / AGENT

Please tick (✓) where applicable.

No	Assessment	Yes	No
1	Does the customer have any hearing, visual, speech, physical, learning impairment?	☐	☐
2	Does the customer have difficulty in understanding the conversation or stay focused?	☐	☐
3	Did the customer experience any adverse life events i.e. temporary or long-term financial hardship or overly indebted?	☐	☐
4	Does the customer exhibit very low confidence level to manage his finances or very low level of financial literacy?	☐	☐
5	Does the customer require support from other person(s) due to age factor with less technology's ability?	☐	☐
6	Did the customer fully understand and consent to the terms and conditions of opening the account?	☐	☐

I agree to accept and acknowledge the business relationship with the vulnerable customer as declared above. I further recommend the following measures be placed to protect the customer. I have explained and the customer fully understands the inherent risk in investing in the capital market products.

Section	Condition(s) imposed		
A1	<u>EQUITY MARKET PRODUCTS</u>		
	<i>Select Account Type</i>		
	ACCOUNT TYPE	YES (✓)	NO (✓)
	Type of Account – Cash Upfront Only	☐	☐
	Type of Account – Others (pls specify)	☐	☐
	KenTrade Online Trading	☐	☐

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DR / CMSRL / Agent Signature	
Name	
NRIC/Passport No.	
DR / CMSRL / Agent Code	
Date	

Note: “**Kenanga Group**” means Kenanga Investment Bank Berhad or any of its subsidiaries, including branches, and shall include its respective successors in title and assignees.

E) FOR OFFICE USE ONLY

Date Entry by: _____ Date: _____

Verified by: _____ Date: _____

Approved by: _____ Date: _____