



**MALAYSIAN CODE FOR INSTITUTIONAL INVESTORS
SIGNATORY FORM**

PROFILE OF THE ORGANISATION	
Name of Organisation:	
Year of Incorporation:	
Head Office Address:	Country Representative Office Address (where applicable):
Postcode:	Postcode:
Telephone No:	Telephone No:
Fax no:	Fax No:
Website Address:	
Name of Chairman:	
Name of CEO (or equivalent):	
Name of Country Representative (where applicable):	
CATEGORY OF ORGANISATION	ASSET UNDER MANAGEMENT (AUM)
<input type="checkbox"/> Public retirement, pension or superannuation plan <input type="checkbox"/> Private retirement, pension plan or superannuation plan <input type="checkbox"/> Corporate retirement, pension or superannuation plan <input type="checkbox"/> Insurance <input type="checkbox"/> Foundation <input type="checkbox"/> Fund management/asset management <input type="checkbox"/> Unit trust or other collective investment vehicle <input type="checkbox"/> Sovereign wealth fund <input type="checkbox"/> Others(specify)..... <i>(Please tick where applicable)</i>	<input type="checkbox"/> < RM100 million <input type="checkbox"/> ≥ RM100 million < RM1 billion <input type="checkbox"/> ≥ RM1 billion < RM50 billion <input type="checkbox"/> ≥ RM50 billion < RM100 billion <input type="checkbox"/> ≥ RM100 billion < RM500 billion <input type="checkbox"/> > RM500 billion <i>(Please tick)</i>

Authorised Signatory

Name :
 Designation :
 Date :

E-mail:
 Telephone No: