



CLIENT IDENTITY CHART - INDIVIDUAL / PRINCIPAL	
TRUSTEE / SETTLOR / BENEFICIARIE / PROTECTOR / CO. DIRECTOR / SUBSTANTIAL S/HOLDER / A/C SIGNATORY / SIGNIFICANT PARTNER / PROXY	
<b>Mr / Mrs / Miss / Minor</b>	<b>Single / Married / Divorced / Widower / Widow</b>
<b>Family Name</b>	
<b>Other Names</b>	
<b>Former Names and/or Aliases</b>	
<b>Permanent Residential Address</b>	
<b>Telephone Number</b>	<b>Home:</b> <b>Office:</b>
<b>Fax Number</b>	
<b>E-mail Address</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Nationality</b>	
<b>Place of Work</b>	
<b>Occupation</b>	
<b>ID Card Number</b>	
<b>Passport No. &amp; Date of Issue</b>	
<b>Average Monthly Income</b>	<input type="checkbox"/> 1,000 - 5,000 <input type="checkbox"/> 20,001 - 25,000 <input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> 25,001 - 40,000 <input type="checkbox"/> 10,001 - 15,000 <input type="checkbox"/> 40,001 - 75,000 <input type="checkbox"/> 15,001 - 20,000 <input type="checkbox"/> Above 75,000
<b>Documents Appended</b>	
<b>Source of funds</b>	

I hereby:

- (i) Certify that the above information is true and correct
- (ii) Undertake to notify Associated Brokers Limited in writing of any change of particulars or information provided by me in this form.

Signature:

Name:

Date:

**For office use only**

Verified By: (S)

Date: