



Berjaya Mutual Berhad
(Formerly known as Inter-Pacific Asset Management Sdn Bhd) (Berjaya Mutual)
 Registration No. 199001013139 (204709-U)
 West Wing, Level 13, Berjaya Times Square No. 1, Jalan Imbi, 55100 Kuala Lumpur Tel: 03-2117 1889 Fax: 03-2142 6029

**PRIVATE MANDATE
 TRANSACTION FORM
 (WITHDRAWAL)**

Please complete this form in BLOCK LETTERS and tick (✓) where appropriate

Individual Joint Corporate

Related Party Staff

1. PARTICULARS OF FIRST INDIVIDUAL APPLICANT

Full Name (as per MyKad / Passport)

.....

MyKad No. : - -

Passport No. :

Sole Proprietor / Sole Trader

Name (as in Certificate of Incorporation)

.....

Company Registration No. :

2. PARTICULARS OF JOINT APPLICANT / DESIGNATED SECOND ACCOUNT HOLDER

Full Name (as per MyKad / Passport / Birth Certificate)

.....

MyKad No. : - -

Passport / Birth Certificate No. :

3. PARTICULARS OF CORPORATE APPLICANT

Name (as in Certificate of Incorporation)

.....

Company Registration No. :

Date of Incorporation : - -

Contact Person :

Designation :

4. WITHDRAWAL REQUEST

Client Code	Full	Partial	Currency	Amount
	<input type="checkbox"/>	<input type="checkbox"/>		

Applicable for Full Withdrawal only: Berjaya Mutual will proceed to close the client's investment and investment related accounts.



5. BANK ACCOUNT PARTICULARS FOR WITHDRAWAL

Bank Name	
Account Name	
Account Number	
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current
Account Ownership	<input type="checkbox"/> Single <input type="checkbox"/> Joint

6. WITHDRAWAL PAYMENT INSTRUCTION (FOR JOINT HOLDERS ACCOUNT ONLY)

Payment to : First Account Holder Only Either One Account Holder Both Account Holders

7. SIGNATURE OF CLIENT

- 1) I / We declare that the above information is complete and true and that I / we have not withheld any material facts or information from Berjaya Mutua
- 2) I / We undertake to furnish Berjaya Mutual with such additional particulars and information as Berjaya Mutual may require at any time and from time to time.
- 3) Iam / We are aware of the fees and charges that I / We will incur directly or indirectly when investing in the portfolio.

.....
 Signature of First Applicant /
 Authorised Signatory (Corporate Applicant)

.....
 Signature of Second Applicant /
 Authorised Signatory (Corporate Applicant)



Date:

Date:

For Office Use Only	
Date & Time Received :	Transaction Date :
Input By :	Client Code :
Checked By :	
Approved By :	

FOR OFFICE USE ONLY (APPLICABLE FOR WITHDRAWAL TRANSACTION ONLY)

Cash Balance as at :	Remarks :
Outstanding payable :
Outstanding receivable :	Process by :
Fee / Expenses payable :	Checked by :
Cash Balance available for withdrawal :	Approved by :
Withdrawal Amount :	
Cash balance after withdrawal :	
Adequate cash for withdrawal : Yes / No	