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BORANG TUNTUTAN KEMALANGAN BERKELOMPOK - KENYATAAN PIHAK YANG MENUNTUT GROUP PERSONAL ACCIDENT CLAIM FORM - CLAIMANT'S STATEMENT

Bahagian A / Part A

Borang ini hendaklah diisi oleh pekerja/ pihak yang menuntut. Semua soalan hendaklah dijawab dengan lengkap. Tanda (-) tidak akan diterima. *This form is to be completed by the employee/ claimant. All questions must be answered. Dash (-) is not acceptable.*

Dokumen sokongan yang diperlukan adalah / Supporting documents required are:-

1. Sijil cuti sakit & sijil tugas ringan (sijil asal diperlukan jika berkerja sendiri)
Medical leave certificates & light duty certificate (original certificates are required if self employed)
2. Laporan sinar X / laporan ahli radiologi / X-ray report / radiologist report
3. Resit bayaran asal termasuk resit deposit dan bil asal perubatan (untuk manfaat pembayaran balik perubatan sahaja)
Original payment receipts including deposit receipts and itemised medical bills (for medical reimbursement benefit only)
4. Surat Aduan Masuk dan Keluar/ Nota keluar hospital / Admission and Discharge Card / Discharge Note
5. Laporan polis/ Police report

Resit / bil asal yang dikemukakan (untuk manfaat pembayaran balik sahaja)/ Original receipt(s) / bill(s) submitted (for reimbursement benefit only)

| Tarikh resit/bil Receipt/ bill date | Resit/ bil no. / Receipt/ bill no. | Nama hospital/ klinik/ Name of hospital/clinic | Jumlah resit (RM)/ Receipt amount (RM) |
|--|---------------------------------------|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

1. Butir tentang Pekerja/ Pihak Yang Menuntut / Particulars of Employee/ Claimant

| | | |
|----|---|--------------------------------|
| a. | No. Polisi Berkelompok / Group Policy No. | No. Sijil: Certificate No.: |
| b. | Nama Majikan / Name of Employer | |
| c. | Nama Pekerja / Name of Employee | |
| d. | No. Kad Pengenalan / NRIC | Lama: Old: Baru: New: |
| e. | No. Pekerja / Employee No. | |
| f. | Pekerjaan / Occupation | |
| g. | No. Telefon Bimbit / Mobile Phone No. | |
| h. | Alamat Surat Menyurat Terkini Current Correspondence Address | |
| i. | Alamat e-mel / Email address | |

2. Butir tentang Pihak Tanggungan (Jika Hayat yang Dilindungi ialah pihak tanggungan) Particulars of Dependant (if Life Assured is the Dependant)

| | | |
|----|---|-----------------------------|
| a. | Nama Tanggungan/ Name of Dependant | |
| b. | No. Kad Pengenalan / NRIC | Lama: Old: Baru: New: |
| c. | No. Telefon Bimbit / Mobile Phone No. | |
| d. | Hubungan dengan Pekerja/ Relationship with Employee | |

| 3. Butir kemalangan dan kemasukan hospital / <i>Accident and hospitalisation details</i> | | | |
|--|--|--|----------------------------|
| a. | Pekerjaan Hayat yang dilindungi / <i>Life Assured's Occupation:</i> (a) Pekerjaan semasa kemalangan <i>Occupation during accident</i> (b) Maklumat tepat tentang pekerjaan dan tugas <i>Exact nature of occupation and duties</i> (c) Adakah anda terlibat melakukan tugas kasar. Jika ya, sila beri keterangan <i>Involved in manual work? If yes, please elaborate.</i> | <input type="checkbox"/> Ya/ Yes, <input type="checkbox"/> Tidak/ No | |
| b. | Butir tentang Kemalangan/ <i>Accident details</i> (a) Bila kemalangan tersebut berlaku? <i>When did it occur?</i> (b) Di mana kemalangan tersebut berlaku? <i>Where did it occur?</i> (c) Bagaimana kemalangan tersebut berlaku? <i>How did it occur?</i> (d) Jenis dan tahap kemalangan tersebut berlaku? <i>Nature and extent of injury?</i> | Waktu Time | HH/BB/TT DD/MM/YY |
| c. | (a) Nama dan alamat doktor yang merawat kecederaan hayat yang dilindungi <i>Name and address of doctors who treated Life Assured for the injury</i> (b) Tarikh rawatan pertama <i>Date of first consultation</i> (c) Tarikh kemasukan hospital wad (jika ada) <i>Date of hospitalisation (if any)</i> (e) Name of Hospital / <i>Nama Hospital</i> | | |
| d. | (a) Tarikh hari pertama tidak hadir ke tempat kerja <i>Date of first day absent from work</i> (b) Tarikh mula bekerja semula <i>Date of return to work</i> | | |
| e. | Adakah hayat yang dilindungi kini diinsuranskan untuk faedah hospitalisasi dengan syarikat lain? Jika ya, sila nyatakan <i>Is Life Assured presently insured for hospitalization benefits with other companies? If yes, please state.</i> <input type="checkbox"/> Ya <input type="checkbox"/> Tidak Yes No Nama Syarikat Insurans No. Polisi Tarikh Berkuatkuasa (HH/BB/TTTT) Amaun Faedah (RM) <u>Names of Insurance Companies</u> <u>Policy No.</u> <u>Effective Dates (DD/MM/YYYY)</u> <u>Amount of Benefits (RM)</u> | | |

Pemberian Hak dan Pengisytiharan/ *Authorization and Declaration*

Saya/ Kami dengan ini mengisytiharkan bahawa jawapan yang diberikan disini adalah benar dan menerima tanggungjawab sepenuhnya sama ada ia ditulis oleh saya / kami atau bagi pihak saya / kami. Saya / Kami dengan ini memberi kuasa kepada sebarang Hospital, Klinik, Pakar Perubatan, Kakitangan Perubatan atau orang perseorangan (di dalam atau di luar Malaysia, termasuk institusi perubatan, penginsurans semula, penyelaras tuntutan / penyiasat, peguam, persatuan industri, pengawal selia, badan-badan berkanun, pihak berkuasa kerajaan dan agensi pelaporan kredit) yang pernah merawat saya / kami untuk mendedahkan sebarang maklumat termasuk sejarah perubatan saya kepada MCIS Insurance Bhd untuk memproses tuntutan insurans saya / kami. / *We hereby declare that the forgoing answers are true and accept full responsibility whether they are written by me/ us or someone else on my/ our behalf. / We hereby authorize any Hospitals, Clinics, Physician, Medical Staff or other person (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) who has attended to me/ us to disclose any information including past medical history to MCIS Insurance Bhd in order to process my/ our insurance claim(s).*

Tandatangan Pekerja/ Pihak Yang Menuntut
Signature of Employee/ Claimant

Nama/ *Name:*

No. KP/ *NRIC:*

Tarikh/ *Date:*

Tandatangan Saksi
Signature of Witness

Nama/ *Name:*

No. KP/ *NRIC:*

Tarikh/ *Date:*

FATCA AND CRS SELF-CERTIFICATION FORM FOR ENTITY (Applicable to Ikhtiar/Ihsan Product Only)

****Sila ambil maklum bahawa Pihak yang Menuntut (Entity) perlu penuhkan seksyen ini / Please take note that this section must be completed by the Claimant (Entity).**

Please read these instructions before completing the form.

["Regulations based on the IRS Foreign Account Tax Compliance Act ("FATCA") and OECD Common Reporting Standard ("CRS")"] require MCIS Insurance Berhad to collect, record and report information about an Account Holder's tax residency. If the Account Holder's tax residence is located outside Malaysia, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Inland Revenue Board of Malaysia ("IRBM") and they may exchange this information with tax authorities of another participating jurisdiction or jurisdictions pursuant to intergovernmental agreements.

You can find summaries of defined terms such as an Account Holder, and other terms, in the Appendix.

This form will remain valid unless there is a change in circumstances relating to information, such as the Account Holder's tax status or other mandatory field information, that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

This form is intended to request information consistent with U.S. and local law requirements.

Please complete this form where you need to self-certify on behalf of an entity Account Holder.

If you are an individual Account Holder or sole trader or sole proprietor do not complete this form. Instead, please complete an "Individual tax residency self-certification form."

For joint or multiple Account Holders, please complete a separate form for each Account Holder.

Where the Account Holder is a Passive Non-Financial Entity ("Passive NFE")/Passive Non-Financial Foreign Entity ("Passive NFFE"), or an Investment Entity located in a CRS Non-Participating Jurisdiction managed by another Financial Institution.

Please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as "Controlling Person(s)") by completing Part 6 a "Controlling Person tax residency self-certification form" for each Controlling Person. This information should be provided by all Investment Entities located in a CRS Non-Participating Jurisdiction and managed by another Financial Institution. You should indicate the capacity in which you have signed in Part 6. For example, you may be the custodian or nominee of an account on behalf of the Account Holder, or you may be completing the form under a signatory authority or power of attorney.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal at the following link:
<https://www.oecd.org/tax/transparency/what-we-do/>

Part 1 – Identification of Account Holder

| | |
|---|---|
| Legal Name of Entity: | |
| Country of Incorporation: | |
| Business Registration Number: | |
| Registered Address: | Mailing Address: (Complete if different to the registered address) |
| Address Line 1: | Address Line 1: |
| Address Line 2: | Address Line 2: |
| Address Line 3: (Postal Code/ZIP Code) | Address Line 3: (Postal Code/ZIP Code) |
| Address Line 4: (Country) | Address Line 4: (Country) |
| Notes: A copy of the certification of registration of business is encouraged to be submitted. | |

Part 2 – Foreign Account Tax Compliance Act (FATCA) – U.S. Person Declaration

The Entity is incorporated, established, constituted, or organized in the United States of America.

- ☐ Yes. Please confirm you are one of the following:
- ☐ a) Specified U.S. Person. Please ensure that the U.S. TIN is provided in the table below in Section A, Part 3.
 - ☐ b) U.S. Exempt Recipient. Please see the definition in the Appendix and specify Item (i) to (xiii).
- ☐ No. Please confirm you are a Non-U.S. Person and proceed to Part 3.

Part 3 – Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

I am a tax resident of Malaysia ONLY. *

- ☐ Yes - Please proceed to Section A.
☐ No - Please complete the table below in Section B.

Note: By ticking “No” you are confirming that you are: -
(a) A tax resident of Malaysia and another country/jurisdiction (multinational tax payor); or
(b) Not a tax resident of Malaysia but a tax resident of another country/jurisdiction.

Section A: Details of Foreign Tax Residence(s)*

Complete the following table indication:
(i) the country/jurisdiction of residence where the Account Holder is a resident for tax purposes; and
(ii) the Account Holder’s TIN for each jurisdiction indicated. Indicate **All** (not restricted to three) jurisdictions of residence.

If a TIN is unavailable, indicate which of the following reasons is applicable:

Reason A – The country/jurisdiction where the Account Holder is a resident for tax purpose does not issue TINs to its residents.

Reason B – The Account Holder is unable to obtain a TIN.

Reason C – TIN is not required.
(Note: Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.)

| | Country/Jurisdiction of Tax Residence | TIN | If no TIN is available, indicate. Reason A, B or C |
|---|---------------------------------------|-----|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |

*Note: (1) If the Entity is not a tax resident of any country/jurisdiction, please indicate above (line1) its place of effective management or country/jurisdiction in which its principal office is located.
(2) If the Account Holder is a resident for tax purpose in more than three countries, please use separate sheet.*

Section B: Clarification of Tax Residence Information**

If the country/jurisdiction of incorporation (other than Malaysia) indicated in your entity address is different from the country(ies)/jurisdiction(s) which you have disclosed as your tax residence(s), please provide your explanation below.

I have a foreign entity address which differs from the country/jurisdiction of my tax residence because:

| |
|--|
| |
|--|

**Please indicate N/A if the country/jurisdiction of your address is same as the country/jurisdiction of tax residence declared.

| Part 4 - Financial Institution ("FI") | | |
|---|---|---|
| Please complete this part only if the entity is a financial institution. | | |
| FATCA Status (for Non-US FI only) If you are US FI, please select your CRS status only. | | |
| a. | <p>The Entity is a Participating Foreign Financial Institution ("FFI")</p> <p>- Global Intermediary Identification Number (GIIN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Please tick "✓" one of the appropriate boxes on the right.</p> | <p><input type="checkbox"/> Participating FFI</p> <p><input type="checkbox"/> Reporting Model 1 FFI</p> <p><input type="checkbox"/> Reporting Model 2 FFI</p> <p><input type="checkbox"/> Registered deemed-compliant FFI</p> |
| b. | <input type="checkbox"/> The entity is a Non-Participating Foreign Financial Institution | Non-Participating FFI |
| c. | <p><input type="checkbox"/> The Entity is a Non-Reporting FFI, which is either:</p> <p><input type="checkbox"/> Exempt Beneficial Owners (e.g. Governmental FI, Central Bank or International Organization)</p> <p><input type="checkbox"/> Certified Deemed-Compliant FFI [Please refer to Appendix for further definition]</p> | Non-Reporting FFI |
| CRS Status (for both non-US and US FI) | | |
| d. | <p><input type="checkbox"/> It is an Investment Entity located in a CRS Non-Participating Jurisdiction and managed by another Financial Institution.</p> <p>(Please complete Part 6 – Controlling Person if ticking this box)</p> | Passive NFE |
| e. | <p><input type="checkbox"/> It is a Depository Institution, Custodial Institution, or Specified Insurance Company. or Investment Entity other than d. above.</p> | Financial Institution |

| Part 5 – Non-Financial Entity ("NFE")/Non-Financial Foreign Entity ("NFFE") | | | |
|---|---|--|--------------------------------------|
| Please complete this part only if the entity is a non-financial institution (non-FI). | | FATCA Status (For Non-US Person only) | CRS Status |
| 1 | <p><input type="checkbox"/> Active Business</p> <p>- More than 50% of its gross income (for the previous calendar year) comes from these business activities and <i>not</i> from passive income such as investments, dividends, interest, rents, or royalties.</p> <p>- More than 50% of assets held by produce or are held to produce active income.</p> | Active NFFE | Active NFE |
| 2 | <p><input type="checkbox"/> Start Up Company</p> <p>- Date of incorporation not more than 24 months.</p> <p>- Not yet operating a business and has no prior operating history.</p> <p>- Investing capital in assets with the intent to operate a new line of business other than that of a financial institution.</p> | Active NFFE - Excepted non-financial start-up company | Active NFE (Others) - Start-up |
| 3 | <p><input type="checkbox"/> Charity/Non-Profit Organization</p> <p>- Entity that is a religious, charitable, scientific, artistic, cultural, or educational that is exempt from income tax in its country/jurisdiction of residence.</p> <p>- Professional organization, business league, chamber of commerce, labor Organisation, agricultural or horticultural organization, civil league or an organization operated exclusively for promotion of social welfare.</p> <p>- Has no shareholders or members who have a proprietary or beneficial interest in its income or assets.</p> <p>- Its formation documents or the local law do not permit the distribution of any income or assets to or for the benefit of a private person or non-charity entity except for payment as reasonable compensation for services or distribution in accordance with the charity's charitable activities.</p> <p>- Its formation documents or the local law require all of the charity's assets to be distributed to a government entity or other non-profit organization upon the charity's dissolution or liquidation.</p> | Active NFFE - Non-Profit Organisation | Active NFE (Others) - Non-profit NFE |

| | | | |
|---|--|--|--|
| 4 | <input type="checkbox"/> Non-financial entity in liquidation or emerging from bankruptcy - An entity that is not a Financial Institution or investment entity in the past five years. - An entity in the process of liquidation or bankruptcy or re-organising with the intent to continue or recommence operations in business other than that of a Financial Institution. | Active NFFE - Excepted non-financial entity in liquidation or bankruptcy | Active NFE (Others) - Liquidating or emerging from bankruptcy |
| 5 | Publicly Listed Company or its Related Entity <input type="checkbox"/> The entity is a public listed company, - The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded) <input type="checkbox"/> The entity is a Related Entity of a public listed company, where - The entity is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market. - The name of the public listed company, the stock of which is regularly traded on an established securities market, is _____; and - The name of the securities market on which the stock is regularly traded is. _____ | Active NFFE - Publicly traded NFFE or Related Entity of a public traded corporation | Active NFE - Publicly Listed Company or its Related Entity |
| 6 | <input type="checkbox"/> Holding Company of Non-Financial Groups 80% or more of the entity's activities consist of holding the stock of, or providing financing and services to, a subsidiary that engages in a trade or business other than that of an FI. | Active NFFE - Excepted Non-financial Group Entity | Active NFE (Others) – Holding NFE of Non-Financial Group |
| 7 | <input type="checkbox"/> Treasury / Financial Centre of Non-Financial Groups The entity mainly carries out financing/hedging transactions with/for non-FI Related Entities. | Active NFFE - Excepted Non-Financial Group Entity | Active NFE (Others) - Treasury / Financial Centre of Non-Financial Group |
| 8 | <input type="checkbox"/> Exempt Beneficial Owners Central Banks, Government agencies, Statutory Boards, Foreign Embassies or Trade Representative Offices, International Organisation, including entities <u>wholly</u> owned by any of the foregoing | Active NFFE – Entities wholly owned by exempt beneficial owners | Active NFE – Govt. Entities, Central Bank, Int'l Org. |
| 9 | <input type="checkbox"/> Passive Non-Financial Entity None of the Item 1 to 8 above is applicable to the Entity. (Please complete Part 6 – Controlling Person if ticking this box) | Passive NFFE | Passive NFE |

Part 6 – Controlling Person (“CP”)

Indicate the name of all Controlling Person(s) of the Entity:

1. _____
2. _____
3. _____

Note:

- (1) Complete the FATCA/CRS Controlling Person Self Declaration Form for each of the Controlling Person.
- (2) If there is no natural person(s) who exercise control of the account holder, then the Controlling Person will be the natural person(s) who hold the position of senior managing official.

Declaration and Signature

I/We represent and declare that the information provided above is true, accurate and complete. I/We understand that the term "U.S. person" means any citizen or resident of the United States.

I/We certify that I/We are authorized to sign for the Account Holder in respect of all the account(s) to which this form relates.

I/We hereby consent to MCIS Insurance Berhad to collect and record the information provided herein and to disclose the financial accounts information to regulatory authorities of the applicable jurisdiction in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.

I/We hereby agree that the MCIS Insurance Berhad may withhold from my/our account(s) such amounts in accordance with the provisions of the Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.

I/We hereby agree that the MCIS Insurance Berhad may classify me/us as a reportable account(s) or Non-Participating Foreign Financial Institution ("NPFFI") and/or suspend, recall, or terminate my/our account(s) and/or facilities granted to me/us, in the event I/we fail to provide accurate and complete information and/or documentation as the MCIS Insurance Berhad may require.

I/We undertake to notify the MCIS Insurance Berhad in writing within 30 calendar days if there is a change in any information which I/we have provided to the MCIS Insurance Berhad.

Signature:

Name:

Date (dd/mm/yyyy):

Capacity:

(Please indicate the capacity in which you are signing the form. If signing under a Power of Attorney, please also attached a certified copy of the Power of Attorney)

Appendix – Summary Descriptions of Selected Defined Terms

Note: The following are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account information (“CRS”), the associated Commentary to the CRS, Malaysia-US Intergovernmental Agreement on Foreign Account Tax Compliance Act (FATCA) and other domestic guidance.

Account Holder

The “Account Holder” is the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. This is regardless of whether such person is a flow-through Entity. Thus, for example, if a trust or an estate is listed as the holder or owner of a Financial Account, the trust or estate is the Account Holder, rather than the trustee or the trust’s owners or beneficiaries. Similarly, if a partnership is listed as the holder or owner of a Financial Account, the partnership is the Account Holder, rather than the partners in the partnership.

A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

Active Non-Financial Entity (Active NFE) (CRS)

An NFE is an Active NFE if it meets any of the criteria listed below. In summary, those criteria refer to:

- a. Active NFE by reason of income and assets:
 - Less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income; AND
 - Less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b. Publicly Traded NFE or Related Entity of a Publicly Traded NFE:
 - The stock of the NFE is regularly traded on an established securities market; OR
 - The NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- c. The NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- d. Holding NFE that is a member of a nonfinancial group:
 - Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- e. Start-up NFE:
 - The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- f. NFE that is liquidating or emerging from bankruptcy:
 - The NFE was not a Financial Institution in the past five years; AND
 - It is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- g. Treasury Center that is a member of a nonfinancial group:
 - The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions; AND
 - Does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
- h. Non-Profit NFE:
 - The NFE meets all of the following requirements
 - (i) It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
 - (ii) It is exempt from income tax in its jurisdiction of residence;
 - (iii) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - (iv) The applicable laws of the NFE’s jurisdiction of residence or the NFE’s formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE’s charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; AND
 - (v) The applicable laws of the NFE’s jurisdiction of residence or the NFE’s formation documents require that, upon the NFE’s liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE’s jurisdiction of residence or any political subdivision thereof.

Active Non-Financial Foreign Entity (Active NFFE) (FATCA)

An “Active NFFE” means any NFFE that meets any one of the following criteria:

- a. Active NFFE by reason of income and assets:
 - Less than 50% of the NFFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income; AND
 - Less than 50% of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period were assets that produce or are held for the production of passive income;
- b. Publicly Traded NFFE or a Related Entity of a Publicly Traded NFFE:
 - The share of the NFFE is regularly traded on an established securities market; OR
 - The NFFE is a Related Entity of an entity, the share of which is regularly traded on an established securities market;
- c. The NFFE is incorporated in a U.S. Territory and all the owners of the payee are bona fide residents of that U.S. Territory;
- d. Non-U.S. Government / Government of a U.S. Territory / International Organisation / Non-U.S. Central Bank:
 - The NFFE is a non-U.S. government, a political subdivision of such non-U.S. government (which, for the avoidance of doubt, includes a state, province, county, or municipality), or a public body performing a function of such government or a political subdivision thereof, a government of a U.S. Territory, an international organisation, a non-U.S. Central Bank of issue, or an entity wholly-owned by one or more of the foregoing;
- e. Holding NFFE that is a Member of a Non-Financial Group:
 - Substantially all of the activities of the NFFE consist of holding (in whole or in part) the outstanding share of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- f. Start-up Company:
 - The NFFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that such a NFFE shall not qualify for this exception after the date that is 24 months after the date of the initial incorporation of the NFFE;
- g. NFFE in liquidation or emerging from bankruptcy:
 - The NFFE was not a Financial Institution in the past five years; AND
 - It is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- h. Treasury Center that is a Member of a Non-Financial Group:
 - The NFFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
- i. The NFFE is an “Excepted NFFE” as described in the U.S. Treasury Regulations; or
- j. Charity/Non-Profit Organisation:
 - The NFFE meets all of the following requirements:
 - (i) It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
 - (ii) It is exempt from income tax in its jurisdiction of residence;
 - (iii) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
 - (iv) The applicable laws of the charity’s jurisdiction of residence or the charity’s formation documents do not permit any income or assets of the charity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the charity’s charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the charity has purchased; AND
 - (v) The applicable laws of the charity’s jurisdiction of residence or the charity’s formation documents require that upon the charity’s liquidation or dissolution, all of its assets be distributed to a government entity or other non-profit organisation, or escheat to the government of the charity’s jurisdiction of residence or any political subdivision thereof.

Common Reporting Standard (CRS)

“CRS” stands for Common Reporting Standard, which is developed by the Organisation for Economic Co-operation and Development (OECD) to obtain information from financial institutions and for automatic exchange of financial account information with other jurisdictions on an annual basis for tax purposes.

Control

“Control” over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g., 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

Controlling Person(s)

“Controlling Persons” are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“Passive NFE”) / Passive Non-Financial Foreign Entity (“Passive NFFE”) then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.

Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions.

Custodial Institution (CRS)

The term “Custodial Institution” means any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. This is where the Entity’s gross income attributable to the holding of Financial Assets and related financial services equals or exceeds 20% of the Entity’s gross income during the shorter of:

- (i) the three-year period that ends on 31 December (or the final day of a non-calendar year accounting period) prior to the year in which the determination is being made; or
- (ii) the period during which the Entity has been in existence.

Deemed-Compliant Foreign Financial Institution (FATCA)

“Deemed-Compliant Foreign Financial Institution” includes a Registered Deemed-Compliant FFI; a Certified Deemed-Compliant FFI and Owner Documented FFI under U.S. Treasury Regulation §1.1471-5(f).

- (i) Registered Deemed-Compliant FFI
 - Local FFI
 - Non-reporting members of participating FFI
 - Qualified collective investment vehicles
 - Restricted Fund
 - Qualified credit card issuers and services
 - Sponsored investment entities and controlled foreign organizations
- (ii) Certified Deemed-Compliant FFI
 - Non-registering local bank
 - FFIs with only low-value accounts
 - Sponsored, closely held investment vehicles
 - Limited life debt investment entities
 - Investment advisors and investment managers

- (iii) Owner Documented FFI

Depository Institution (CRS)

The term “Depository Institution” means any Entity that accepts deposits in the ordinary course of a banking or similar business.

Entity

The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation. This term covers any person other than an individual (i.e., a natural person).

Exempt Beneficial Owner (FATCA)

“Exempt Beneficial Owner” are entities that fall within the following categories:

- (i) Government and Government-Linked Entities;
- (ii) Central Bank;
- (iii) International Organisations;
- (iv) Qualifying Funds - Broad Participation Retirement Fund and Pension Funds of an Exempt Beneficial Owner; or
- (v) Investment Entity wholly owned by Exempt Beneficial Owners.

Expanded Affiliated Group (FATCA)

“Expanded Affiliated Group” means one or more chains of members connected through ownership by a common parent entity if the common parent entity directly owns 50% or more stock or other equity interest value in at least one of the other members.

Foreign Account Tax Compliance Act (FATCA)

“FATCA” stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.

Financial Institution

The term “Financial Institution” means a “Custodial Institution”, a “Depository Institution”, an “Investment Entity”, or a “Specified Insurance Company”. Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

Foreign Financial Institution (FFI) (FATCA)

“Foreign Financial Institution” refers to any Non-U.S. Entity which is a Financial Institution.

Governmental Entity (CRS)

“Governmental Entity” means the government of a jurisdiction, any political subdivision of a jurisdiction (which, for the avoidance of doubt, includes a state, province, county, or municipality), or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing (each, a “Governmental Entity”). This category is comprised of the integral parts, controlled entities, and political subdivisions of a jurisdiction.

International Organization (CRS)

“International Organization” means any international organization or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organization (including a supranational organization) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons.

Investment Entity (CRS)

The term “Investment Entity” includes two types of Entities:

- (i) An Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
 - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
 - Individual and collective portfolio management; or
 - Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.Such activities or operations do not include rendering non-binding investment advice to a customer.
- (ii) An Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.

Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (CRS)

The term “Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution” means any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets if the Entity is (i) managed by a Financial Institution and (ii) not a Participating Jurisdiction Financial Institution.

Investment Entity managed by another Financial Institution (CRS)

An Entity is “managed by” another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in paragraph (a) above in the definition of ‘Investment Entity’.

An Entity only manages another Entity if it has discretionary authority to manage the other Entity’s assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity described in paragraph (a) of the definition of ‘Investment Entity’, if any of the managing Entities is such another Entity.

Non-Financial Entity (NFE) (CRS)

An “NFE” is any Entity that is not a Financial Institution.

Non-Financial Foreign Entity (NFFE) (FATCA)

“Non-Financial Foreign Entity” is a Non-U.S. Entity that does not meet the definition of a Foreign Financial Institution.

Non-Participating Foreign Financial Institution (NPFFI) (FATCA)

“Non-Participating Foreign Financial Institution” means a FFI that does not enter into an agreement with the U.S. IRS and is not deemed compliant, but does not include an MYFI or other Partner Jurisdiction FI other than an MYFI treated as an NPFFI pursuant to subparagraph 3(b) of Article 5 of the Agreement or the corresponding provision in an agreement between the U.S. and a Partner Jurisdiction.

Non-Reporting Financial Institution

A “Non-Reporting Financial Institution” means any Financial Institution that is:

- A Governmental Entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution;
- A Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension Fund of a Governmental Entity, International Organisation or Central Bank; or a Qualified Credit Card Issuer;
- An Exempt Collective Investment Vehicle; or
- A Trustee-Documented Trust: a trust where the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported with respect to all Reportable Accounts of the trust;
- Any other defined in a country's domestic law as a Non-Reporting Financial Institution.

Participating Foreign Financial Institution (FFI) (FATCA)

“Participating Foreign Financial Institution” means a Financial Institution that has agreed to comply with the requirements of an FFI Agreement, including a Financial Institution described in a Model 2 IGA that has agreed to comply with the requirements of an FFI Agreement.

Participating Jurisdiction (CRS)

A “Participating Jurisdiction” means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

Participating Jurisdiction Financial Institution (CRS)

The term “Participating Jurisdiction Financial Institution” means (i) any Financial Institution that is tax resident in a Participating Jurisdiction but excludes any branch of that Financial Institution that is located outside of that jurisdiction, and (ii) any branch of a Financial Institution that is not tax resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

Partner Jurisdiction (FATCA)

“Partner Jurisdiction” means a jurisdiction that has in effect an agreement with the United States to facilitate the implementation of FATCA (e.g., Intergovernmental Agreement (“IGA”)). The IRS shall publish a list identifying all Partner Jurisdictions.

Passive Income

“Passive Income” would generally be considered to include the portion of gross income that consists of:

- dividends;
- interest;
- income equivalent to interest;
- rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE;
- annuities;
- the excess of gains over losses from the sale or exchange of Financial Assets that gives rise to the passive income described previously;
- the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any Financial Assets;
- the excess of foreign currency gains over foreign currency losses;
- net income from swaps; or
- amounts received under Cash Value Insurance Contracts. Notwithstanding the foregoing, passive income will not include, in the case of a NFE that regularly acts as a dealer in Financial Assets, any income from any transaction entered into in the ordinary course of such dealer’s business as such a dealer.

Passive Non-Financial Entity (CRS)

Under the CRS, a “Passive NFE” means

- i) Any NFE that is not an Active NFE; or
- ii) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

Passive Non-Financial Foreign Entity (Passive NFFE) (FATCA)

“Passive Non-Financial Foreign Entity” means any NFFE that is not an Active NFFE or withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations.

Related Entity

An Entity is a “Related Entity” of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

Reportable Account (CRS)

The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

Reportable Jurisdiction (CRS)

A “Reportable Jurisdiction” is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

Reportable Jurisdiction Person (CRS)

A “Reportable Jurisdiction Person” is an Entity that is tax resident in a Reportable Jurisdiction(s) under the tax laws of such jurisdiction(s) - by reference to local laws in the country where the Entity is established, incorporated or managed. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. As such if an Entity certifies that it has no residence for tax purposes it should complete the form stating the address of its principal office.

Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to determine their residence for tax purposes.

Reportable Person (CRS)

A “Reportable Person” is defined as a “Reportable Jurisdiction Person”, other than:

- A corporation the stock of which is regularly traded on one or more established securities markets;
- Any corporation that is a Related Entity of a corporation described in clause (i);
- A Governmental Entity;
- An International Organisation;
- A Central Bank; or
- A Financial Institution (except for an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, which is treated as a Passive NFE)

Resident for tax purposes

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine whether an entity is tax resident in the jurisdiction on the OECD Automatic Exchange of Information Portal. Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction.

Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. For additional information on tax residence, please talk to your tax adviser or see the OECD Automatic Exchange of Information Portal at the following link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

Specified Insurance Company (CRS)

The term “Specified Insurance Company” means any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

Specified U.S. Person (FATCA)

“Specified U.S. Person” means a U.S. Person, other than a U.S. Exempt Recipient.

TIN (including Functional Equivalent)

The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD Automatic Exchange of Information Portal at the following link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for Entities, a business/company registration code/number.

U.S. Exempt Recipient (FATCA)

“U.S. Exempt Recipient” means any U.S. Person who qualifies any of the following under the U.S. Internal Revenue Code:

- i) An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37);
- ii) The United States or any of its agencies or instrumentalities;
- iii) A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities;
- iv) A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.14721(c)(1)(i);
- v) A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i);
- vi) A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state;
- vii) A real estate investment trust;
- viii) A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940;
- ix) A common trust fund as defined in section 584(a);
- x) A bank as defined in section 581;
- xi) A broker;
- xii) A trust exempt from tax under section 664 or described in section 4947(a)(1); or
- xiii) A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

U.S. Reportable Account (FATCA)

“U.S. Reportable Account” means a Financial Account maintained by FFI and held by one or more Specified U.S. Person or by a Non-U.S. Entity with one or more Controlling Persons that is a Specified U.S. Person.

U.S. Person (FATCA)

“U.S. Person” means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any state thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. Persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S..

U.S. Territory (FATCA)

“U.S. Territory” means American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico or the U.S. Virgin Islands.

****Sila ambil maklum bahawa Pihak yang Menuntut (Individuals) perlu penuhkan seksyen ini / Please take note that this section must be completed by the Claimant (Individuals).**

Kaedah-kaedah Cukai Pendapatan (Pertukaran Automatik Maklumat Akaun Kewangan) 2016 menetapkan Standard Pelaporan Bersama bertujuan untuk pertukaran automatik maklumat akaun kewangan. Ini adalah Perakuan Diri yang perlu dilengkapi oleh Pencadang (selepas ini dikenali sebagai "anda") kepada syarikat untuk tujuan tersebut. Maklumat yang dikumpul di sini boleh dihantar oleh syarikat kepada pihak berkuasa kerajaan atau badan kawal selia untuk pertukaran dengan pihak berkuasa cukai negara (negara-negara) lain/ bidang kuasa. / *The Income Tax (Automatic Exchange of Financial Account Information) Rules 2016 sets the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standards (CRS) for the purpose of automatic exchange of financial account information. This is a Self-Certification to be completed by the Proposer (hereinafter known as "you") to the Company for the said purpose. The information collected herein may be transmitted by the Company to the government authorities or regulatory bodies for exchange with the tax authorities of another country(ies)/ jurisdiction(s).*

Sekiranya terdapat perubahan dalam keadaan yang berkaitan dengan maklumat, seperti status cukai Individu atau maklumat medan mandatori lain yang menjadikan borang ini tidak betul atau tidak lengkap, sila maklumkan kepada kami dengan memberitahu kami atau memberikan kami Borang Persijilan Diri yang dikemas kini. / *Should there is a change in circumstances relating to information, such as the Individual's tax status or other mandatory field information that makes this form incorrect or incomplete, please let us know by notifying us or providing us with an updated Self- Certification Form.*

Anda dikehendaki untuk melengkapkan Perakuan Diri ini sepenuhnya (melainkan jika dinyatakan sebaliknya). / You are required to complete this Self-Certification in full (unless stated otherwise). Jika tidak, Syarikat tidak boleh memproses permohonan ini tanpa pengakuan anda. / Otherwise, the Company will not be able to process this application without your declaration.

Sila lengkapkan Sijil Perakuan Diri ini jika anda seorang individu. Untuk Syarikat, sila lengkapkan Borang Perakuan Diri FATCA dan CRS. / *Please complete this Self-Certification if you are an individual. Otherwise, please complete Entity FATCA and CRS Self-Certification Form If you are an entity.*

Jika anda mempunyai sebarang pertanyaan mengenai Perakuan Diri atau status cukai pemastautin anda, sila rujuk kepada penasihat cukai, undang – undang dan/atau penasihat professional yang lain. / *If you have any questions on the Self-Certification or your tax residency status, please consult your tax, legal advisor and/or other professional advisors*

Nama Pihak yang Menuntut seperti di Kad Pengenalan/ Sijil Kelahiran (SK)/ Pasport / *Name of Claimant (as in the NRIC / Birth Certificate (BC) / Passport)*

[illegible]Alamat kediaman / *Residential address*[illegible]Alamat surat-menyurat / *Correspondence address*[illegible][illegible][illegible]

| | | | |
|--|------------------------------|---|-------------------------|
| (Masukkan kod negara dalam kotak) cth., +60 untuk Malaysia. (Enter the country code in the box) e.g., +60 for Malaysia. | Kod Negara / Country Code | | No. Telefon / Phone No. |
| No. Tel Pejabat / Office Tel No. | | — | |
| No. Tel Bimbit / Mobile Phone No. | | — | |
| No. Tel Rumah / House Tel No. | | — | |

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Kewarganegaraan : Malaysian <i>Nationality: Malaysian</i> | <input type="checkbox"/> | Jika lain, nyatakan Kewarganegaraan <i>If others, state Nationality:</i> |
| <input type="checkbox"/> | Penduduk Tetap Malaysia / <i>Malaysia</i> <i>Permanent Resident</i> | <input type="checkbox"/> | Sila nyatakan negara asal / <i>Please state your origin country</i> |

[illegible]

Jika Warganegara/Penduduk Tetap selain daripada Malaysia, nyatakan nombor Cukai *If Citizen / Permanent Resident other than Malaysia, provide your Taxpayer ID*

[illegible]

PART B - Pengisytiharan Warga Amerika Syarikat dan Perubahan Keadaan / Declaration of U.S. Citizen or U.S. Residence for Tax purposesDefinisi yang boleh digunakan / Definitions applicable

Istilah orang A.S. atau orang Amerika Syarikat bermaksud orang yang diterangkan dalam seksyen 7701(a)(30) Kod Hasil Dalam Negeri: Istilah "orang Amerika Syarikat" bermaksud- / The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code: The term "United States person" means-

(A) warganegara atau pemastautin Amerika Syarikat / a citizen or resident of the United States

| | | |
|---|---|--------------------------|
| Sila tandakan "X" Ya atau Tidak bagi setiap soalan berikut / <u>Please check "X" Yes or No for each of the following questions:</u> | Ya / <u>Yes</u> | Tidak / <u>No</u> |
| Adakah anda Warganegara A.S. / <u>Are you a U.S. Citizen?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| Penduduk Tetap Amerika Syarikat (Pemegang Kad Hijau) / <u>Do you hold a U.S. Permanent Resident Card (Green Card)?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pemastautin Cukai A.S. / <u>Are you a U.S. Resident (including US Tax Resident)?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Adakah tempat lahir anda di A.S.? Jika anda telah menanda "Tidak" pada ketiga-tiga soalan di atas, maka sila tandakan sebagai: / <u>Is your place of birth in U.S.? If you have ticked "No" to all three questions above, then please tick as:</u></p> <p>Sila ambil perhatian bahawa jika anda bukan orang A.S. tetapi A.S. adalah negara kelahiran anda, sila berikan MCIS: / <u>Kindly take note that if you are a Non U.S. person but U.S. is your country of birth, please provide MCIS:</u></p> <p>i. Salinan pasport bukan A.S. atau dokumen pengenalan bukan yang dikeluarkan kerajaan A.S.; dan <u>i. A copy of non-U.S. passport or non-U.S. government-issued identification document; and</u></p> <p>ii. Salinan Sijil Kehilangan Kewarganegaraan A.S. atau nyatakan penjelasan anda tentang: <u>ii. A copy of Certificate of Loss of Nationality of the U.S. or specify your explanation of:</u></p> <ul style="list-style-type: none"> • Sebab tidak mempunyai sijil tersebut walaupun melepaskan kerakyatan A.S.; atau <u>• The reason of not having such certificate despite relinquishing U.S. citizenship; or</u> • Sebab anda tidak memperoleh kewarganegaraan A.S. semasa lahir. <u>• The reason you did not obtain a U.S. citizenship at birth.</u> <p>Sebab: Bukan orang A.S. / <u>Reason: Non U.S. person</u></p> | <input type="checkbox"/> Bukan Orang A.S. tetapi tempat lahir di A.S. / <u>Non U.S. person but place of birth in U.S.</u> | |

Jika YA, untuk soalan diatas sila isikan TIN A.S. anda dalam jadual di bawah Bahagian B bagi seksyen ini melainkan salinan Sijil Kehilangan Kewarganegaraan U.S. telah dikemukakan. / If "YES" for the above questions, please fill up your U.S. TIN in the table under Part B of this section unless a copy of the Certificate of Loss of U.S. Nationality is provided.

PART C - Pengisytiharan Cukai Pemastautin dan Nombor Cukai ("TIN") atau Setara Fungsinya / Declaration of Tax Residency and Taxpayer Identification Number ("TIN") or its Functional Equivalent

Adakah anda mempunyai sebarang cukai pemastautin di negara (-negara) lain/ bidang kuasa selain daripada Malaysia? / Do you have any tax residency in country(ies)/jurisdiction(s) other than Malaysia? Nota: Dengan menandakan "Tidak", anda mengisytiharkan bahawa anda adalah pemastautin cukai Malaysia sahaja. Note: By ticking "No", you are declaring that you are a Malaysia-only tax resident.

Ya / ☐ Yes Tidak / ☐ No

Jika "Ya" untuk soalan diatas, sila lengkapkan jadual dibawah dengan menyatakan: / If "Yes" for the above question, please complete the following table indicating:

- (i) Negara(-negara)/ bidang kuasa dimana Pemegang Akaun (iaitu Pencadang) ialah pemastautin cukai. / The country(ies)/jurisdiction(s) where the Account Holder (i.e., Proposer) is a tax resident. Sekiranya anda seorang pemastautin cukai Malaysia, sila sertakan maklumat pemastautin cukai Malaysia dalam jadual di bawah juga); dan / In case you are a Malaysian tax resident, please include the Malaysian tax residency information in the table below as well); and
- (ii) TIN Pemegang Akaun untuk setiap negara/ bidang kuasa yang dinyatakan. / The Account Holder's TIN for each country/jurisdiction indicated. Sila nyatakan semua (tidak terhad kepada tiga) negara pemastautin cukai. / Please indicate all (not restricted to three) country(ies)/jurisdiction(s) of tax residence.

Jika "tidak" untuk soalan di atas, sila abaikan jadual di bawah dan teruskan ke bahagian C. / If "No" for the above question, please skip the table below and proceed to Part C of this section.

Jika Nombor Pengenalan Cukai (TIN) tiada, Sila nyatakan alasan yang sesuai untuk A,B atau C. / If a Tax Identification Number (TIN) is unavailable, please provide the appropriate reason A, B or C.

Alasan A : Negara / bidang kuasa dimana anda dikenakan cukai tidak mengeluarkan TIN kepada penduduknya.
Reason A: The country/jurisdiction where you are liable to pay tax does not issue TINs to its residents.

Alasan B: Anda tidak dapat memperoleh TIN atau mana-mana nombor yang berkaitan (Sila nyatakan mengapa anda tidak dapat memperoleh TIN di dalam jadual dibawah jika anda memilih alasan ini.)
Reason B: You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table below if you have selected this reason.)

Reason C: No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed.)

| | | |
|---|--|--|
| Negara / Bidang Kuasa Cukai Pemastautin./ <i>Country/Jurisdiction of Tax Residence</i> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>TIN</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | Jika TIN tiada, nyatakan Alasan A, B atau C./ <i>If No TIN available, enter Reason A, B or C.</i> | Sila nyatakan mengapa anda tidak dapat memperoleh TIN jika anda memilih Alasan B./ <i>Please explain why you are unable to obtain a TIN if Reason B is selected.</i> |
| Negara / Bidang Kuasa Cukai Pemastautin./ <i>Country/Jurisdiction of Tax Residence</i> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>TIN</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | Jika TIN tiada, nyatakan Alasan A, B atau C./ <i>If No TIN available, enter Reason A, B or C.</i> | Sila nyatakan mengapa anda tidak dapat memperoleh TIN jika anda memilih Alasan B./ <i>Please explain why you are unable to obtain a TIN if Reason B is selected.</i> |
| Negara / Bidang Kuasa Cukai Pemastautin./ <i>Country/Jurisdiction of Tax Residence</i> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>TIN</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | Jika TIN tiada, nyatakan Alasan A, B atau C./ <i>If No TIN available, enter Reason A, B or C.</i> | Sila nyatakan mengapa anda tidak dapat memperoleh TIN jika anda memilih Alasan B./ <i>Please explain why you are unable to obtain a TIN if Reason B is selected.</i> |

PART D-Penjelasan maklumat Pemastautin Cukai./ Clarification of Tax Residence Information

Jika negara (selain Malaysia) yang dinyatakan dalam alamat/nombor hubungan anda berbeza daripada negara yang anda dedahkan sebagai tempat tinggal cukai anda, sila berikan penjelasan anda di bawah./ *If the country (other than Malaysia) indicated in your address/contact number is different from the country(ies) which you have disclosed as your tax residence(s), please provide your explanation below.*

Saya mempunyai alamat/nombor hubungan asing yang berbeza daripada negara tempat tinggal cukai saya kerana: / *I have a foreign address/contact number which differs from the country of my tax residence because:*

****Sila nyatakan "N/ A" jika alamat/nombor telefon anda adalah sama dengan negara pemastautin cukai/bidang kuasa yang diisytiharkan./**
****Please indicate "N/A" if the country(ies)/jurisdiction(s) of your address(es)/telephone number(s) is same as the tax residence country(ies)/jurisdiction(s) declared.**

| Pengisytiharan dan Tandatangan / <i>Declaration and Signature</i> | |
|---|---|
| <p>Saya memahami bahawa maklumat yang saya berikan tertakluk pada ketentuan penuh dalam terma dan syarat yang mengatur hubungan individu dengan MCIS Insurance Berhad yang menetapkan bagaimana MCIS Insurance Berhad boleh menggunakan dan berkongsi maklumat yang saya berikan.</p> <p>Saya faham bahawa istilah "individu A.S." bermaksud mana-mana warganegara atau pemastautin Amerika Syarikat.</p> <p>Saya mengakui bahawa maklumat yang terkandung dalam borang ini dan maklumat mengenai Individu dan mana-mana Akaun Kena Lapor boleh diberikan kepada pihak berkuasa cukai negara/bidang kuasa di mana akaun ini diuruskan dan ditukar dengan pihak berkuasa cukai negara/bidang kuasa lain atau negara/bidang kuasa di mana Individu tersebut mungkin merupakan pemastautin cukai menurut perjanjian antara kerajaan untuk bertukar maklumat akaun kewangan.</p> <p>Saya memperakui bahawa saya adalah Individu (atau diberi kuasa untuk menandatangani bagi Individu) semua polisi yang berkaitan dengan borang ini.</p> <p>Saya mengaku bahawa semua pernyataan yang dibuat dalam pengisytiharan ini, sebaik-baik pengetahuan dan kepercayaan saya, adalah betul dan lengkap.</p> <p>Saya berjanji untuk memaklumkan kepada MCIS Insurance Berhad dalam masa 30 hari dari sebarang perubahan keadaan yang menjejaskan status pemastautin cukai individu yang dikenal pasti dalam Bahagian 1 borang ini atau menyebabkan maklumat yang terkandung di sini menjadi tidak betul atau tidak lengkap, dan untuk memberi Borang Perakuan dan Pengisytiharan Diri yang dikemas kini dengan bersesuaian kepada MCIS Insurance Berhad dalam masa 30 hari selepas perubahan keadaan sedemikian.</p> <p><i>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the individual's relationship with MCIS Insurance Berhad setting out how MCIS Insurance Berhad may use and share the information supplied by me.</i></p> <p><i>I understand that the term "U.S. person" means any citizen or resident of the United States.</i></p> <p><i>I acknowledge that the information contained in this form and information regarding the Individual and any Reportable Account(s) may be provided to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which the Individual may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</i></p> <p><i>I certify that I am the Individual (or am authorized to sign for the Individual) of all the policy(s) to which this form relates.</i></p> <p><i>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</i></p> <p><i>I undertake to advise MCIS Insurance Berhad within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCIS Insurance Berhad with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.</i></p> | |
| Tandatangan/ <i>Signature</i> : | _____ |
| Nama/ <i>Name</i> : | _____ |
| Tarikh (HH/BB/TTTT)/ <i>Date (DD/MM/YYYY)</i> : | _____ |
| Keupayaan/ <i>Capacity</i> : | <p>_____</p> <p>(Nyatakan keupayaan jika anda bukan individu yang dikenal pasti dalam Bahagian A. Jika menandatangani di bawah Surat Kuasa Wakil, sila lampirkan salinan Surat Kuasa Wakil yang diperakui sah)</p> <p><i>(Indicate the capacity if you are not the individual identified in Part A. If signing under a Power of Attorney, attached a certified copy of the Power of Attorney)</i></p> |

BORANG TUNTUTAN KEMALANGAN BERKELOMPOK – KENYATAAN DOKTOR YANG MERAWAT
GROUP PERSONAL ACCIDENT CLAIM FORM – ATTENDING PHYSICIAN'S STATEMENT

Bahagian B / Part B

Semua soal-an hendaklah dijawab dengan lengkap. Tanda (-) tidak akan diterima. Segala penukaran hendaklah disahkan oleh doktor yang merawat.

All questions must be answered. Dash (-) is not acceptable. All alterations must be initialed by treating physician.

| | | | |
|----|--|---------------------------------------|--|
| 1. | Nama Pesakit <i>Patient's Name</i> | | |
| 2. | No. Kad Pengenalan <i>NRIC</i> | Lama: <i>Old:</i> | Baru: <i>New:</i> |
| 3. | Sijil Beranak / Paspot <i>Birth Certificate / Passport No.</i> | | |
| 4. | Pekerjaan <i>Occupation</i> | | |
| 5. | Tarikh dan masa kemalangan <i>Date and time of accident</i> | | |
| 6. | (a) Tarikh dan masa rawatan pertama <i>Date and time of first consultation</i> (b) Adakah anda doktor perubatan kebiasaannya? <i>Are you the regular medical doctor?</i> | | |
| 7. | Terangkan secara terperinci jenis kemalangan seperti yang telah dinyatakan oleh pesakit : <i>Describe in detail the nature of accident as related to you by the patient.</i> | | |
| 8. | Adakah terdapat sebarang kecederaan / luka luaran ketara akibat kemalangan tersebut? <i>Were there any external and visible injuries or wound as a result of this accident?</i> (a) Jika benar, nyatakan tahap kecederaan termasuk lokasi, saiz dan kedalaman luka (cm) <i>If yes, please describe the extent of injuries including location, size and depth of wound (cm)</i> (b) Jika berlaku sebarang amputasi anggota, sila nyatakan lokasi dan tahap amputasi tersebut (proximal, tengah, distal). <i>In the event of any amputation, please state the location and at what level (proximal, middle, distal).</i> (c) Jika tidak, nyatakan sebarang bukti lain yang konsisten dengan kemalangan seperti yang dituntut oleh pesakit : <i>If no, describe any other evidence that is consistent with the accident as claimed by the patient.</i> | | |
| 9. | Rawatan yang diberi termasuk rawatan lanjutan (tarikh rawatan, kadar sembuh, rawatan seperti jumlah jahitan, STO, fisiotherapi, jenis pencucian dsb) / <i>Treatment given including follow-up (dates of consultation, healing progress, treatments such as number of stitches, STO, physiotherapy, type of dressing etc)</i> <u>Tarikh / Date</u> <u>Medication</u> | <u>Kadar sembuh/ Healing progress</u> | <u>Rawatan/ Jenis Ubat/ Treatment/</u> |

| | | |
|-----|--|--|
| 10. | <p>Adakah kemalangan disebabkan secara langsung atau tidak daripada: <i>Was the accident directly or indirectly related to the following? If yes, please tick (✓).</i></p> | <input type="checkbox"/> Cubaan bunuh diri/ Perbuatan sendiri <i>Attempted Suicide / Self – inflicted</i> <input type="checkbox"/> Di bawah pengaruh alkohol/ Salahguna Dadah <i>Influence of alcohol / Drug Abuse</i> <input type="checkbox"/> Mental/ Ketidak kawalan keresahan <i>Mental / Anxiety Disorders</i> <input type="checkbox"/> Perlanggaran undang-undang oleh pesakit <i>Violation of the law by the patient</i> |
| 11. | <p>Patah tulang / <i>Fracture</i></p> <p>(a) Lokasi, jenis patah: <i>Location, type of fracture:</i></p> <p>(b) Jika pesakit diberi sebarang bentuk pembatasan bergerak (POP, sendal belakang, crepe bandage dan sebagainya), sila nyatakan: <i>If patient was put on any form of immobilization (POP, backslap, crepe bandage, etc), please furnish us:</i></p> <p>(i) Jenis pembatasan bergerak yang diguna <i>Type of immobilization used</i></p> <p>(ii) Tarikh mula digunakan dan ditanggalkan <i>Date first applied and date removed</i></p> <p>(iii) Tarikh pesakit mula fisioterapi <i>Date patient started on physiotherapy</i></p> <p>(iv) Tarikh pesakit memulakan senaman tanpa sokongan <i>Date patient started on full weight bearing exercise</i></p> | <p>Mula diguna: _____ Ditanggal: _____ <i>Applied: _____ Removed: _____</i> HH/BB/TT/DD/MM/YY HH/BB/TT/DD/MM/YY</p> |
| 12. | <p>(a) Tarikh akhir rawatan <i>Last date of consultation</i></p> <p>(b) Keadaan anggota yang cedera <i>Condition of the injured part</i></p> <p>(c) Sila nyatakan pembatasan pergerakan sebenar bagi sebarang sendi pada tarikh akhir rawatan <i>Please state actual limitation of movement on any joint at the last date of treatment</i></p> | |
| 13. | <p>Adakah proses sembuh lancar/ rumit? Sila beri butir kerumitan <i>Was healing straight forward / complicated? Give details of complication</i></p> | |
| 14. | <p>Adakah gambar sinar X diambil? Jika ada sila laporkan keputusan filem sinar X. <i>Was X-ray taken? If yes, please furnish X-ray result</i></p> | <p><u>Tarikh/ Date</u> <u>Keputusan/ Result</u></p> |
| 15. | <p>Butir Kemasukan Hospital/ <i>Details of Hospitalization :</i></p> <p>(a) Nama hospital / <i>Name of hospital</i> (b) Tarikh masuk / <i>Date admitted</i> (c) Tarikh keluar / <i>Date discharge</i> (d) Butir pembedahan dilakukan / <i>Details of surgery performed</i> (e) Butir lain-lain prosedur diagnostik atau rawatan khusus/ <i>Details of other special diagnostics procedure or treatment</i></p> | |

| | | |
|-----|---|---|
| 16. | Tarikh sembuh untuk patah tulang <i>Date of fracture united</i> | |
| 17. | Nama dan alamat doktor-doktor lain yang merawat pesakit untuk kecederaan yang sama. <i>Name and address of other doctors who treated patient for the same injury.</i> | |
| 18 | Pada pendapat anda, adakah terdapat kecacatan fizikal atau penyakit yang mungkin menyumbang secara langsung atau tidak langsung terhadap kemalangan ini? <i>In your opinion, is there any physical impairment or disease / illness which may have contributed directly or indirectly, to the accident?</i> | |
| 19 | Adakah sebarang penyakit di dalam sejarah perubatan pesakit yang boleh menyumbang secara langsung atau tidak langsung ke atas kemalangan atau berkemungkinan boleh membantut tahap kesembuhan pesakit? Sila beri keterangan. <i>Is there anything in his medical history which may have contributed, directly or indirectly, to the accident, or which may be likely to retard his recovery? If yes, please provide details.</i> | |
| 20 | <p>(a) Tempoh pesakit mengalami ketidakupayaan menyeluruh dan sementara yang menghalang pesakit daripada menjalankan sebarang tugas yang berkaitan dengan pekerjaan atau apa-apa jenis pekerjaan lain. <i>Period the patient were temporary totally disabled which prevents the patient / assured from engaging in any duties pertaining to his / her occupation or any kind whatsoever.</i></p> <p>(b) Tempoh pesakit mengalami ketidakupayaan sebahagian sementara yang menghalang pesakit daripada melakukan satu atau lebih tugas berkaitan dengan pekerjaan beliau <i>Period the patient were temporarily partially disabled which prevents the patient / assured from performing one or more duties pertaining to his / her occupation.</i></p> | <p>(a) Dari Sehingga <i>From To</i></p> <p>(b) Dari Sehingga <i>From To</i></p> |

Pengisytiharan / Declaration

Saya dengan ini mengesahkan bahawa saya sendiri telah memeriksa dan merawat pesakit untuk kecederaan/ penyakit yang dialami beliau seperti tersebut diatas dan semua jawapan di atas adalah benar setakat pengetahuan saya.

I hereby certify that I have personally examined and treated the patient for his/ her injuries/ illness described above and the above answers are all true to the best of my knowledge.

.....
Tandatangan Doktor yang Merawat
Signature of Attending Physician

.....
Cop Nama & Hospital/ Klinik
Official stamp

.....
Tarikh
Date

(PENTING: TULIS DALAM HURUF BESAR/CETAK DENGAN JELAS) / (IMPORTANT: WRITE IN BLOCK/PRINT CLEARLY)

PER/ RE : NO POLISI / POLICY NO: _____

I hereby allow/ give consent that payment(s) due to me by MCIS INSURANCE BERHAD (hereafter referred to as MCIS LIFE) on the abovementioned policy be credited to my bank account as stated below and confirm that :-

- Tandatangan Pemegang Polisi/ Penuntut
Policyowner / Claimant Signature

Pilihan dikenakan kepada/ ☐ Semua Polisi/ ☐ Polisi Semasa/
Option apply to : ☐ All Policies ☐ Current Policy

Senarai adalah untuk rujukan sahaja. Bank lain (dalam Malaysia) yang tiada dalam senarai atas akan diterima. / *Bank Listed above are for reference only. Other banks (in Malaysia) not listed are acceptable.*

| SENARAI BANK DAN BUTIRAN RUJUKAN / LIST OF BANKS AND DETAILS FOR REFERENCE | | | | | |
|--|--|-------------|--|--|-------------|
| Nama Bank / <i>Bank Name</i> | | Angka Digit | | Nama Bank / <i>Bank Name</i> | Angka Digit |
| Affin Bank Bhd / Affin Islamic Bank Bhd | | 12 | | Agro Bank/Bank Pertanian | 16 |
| AmBank (M) Bhd / AmIslamic Bank Bhd | | 13 | | Al Rajhi Bank | 15 |
| Alliance Bank Malaysia / Alliance Islamic Bank Bhd | | 15 | | Bank Islam Malaysia | 14 |
| Bank Kerjasama Rakyat | | 12 | | Bank Muamalat Malaysia | 14 |
| Bank Simpanan Nasional | | 16 | | CIMB Bank / CIMB Islamic Bank Berhad | 14/10 |
| Citibank Berhad | | 10 | | Hong Leong Bank / Hong Leong Islamic Bank Berhad | 11 |
| HSBC Bank / HSBC Amanah Malaysia Berhad | | 12 | | Kuwait Finance House | 12 |
| Maybank Bhd / Maybank Islamic Bhd | | 12 | | OCBC Bank Malaysia / OCBC Al-Amin Bank Berhad | 10 |
| Public Bank Bhd / Public Islamic Bank Bhd | | 10 | | RHB Bank Bhd / RHB Islamic Bank Bhd | 14 |
| Standard Chartered Bank / Standard Chartered Saadiq Berhad | | 12 | | United Oversea Bank | 11 |

Mukasurat ini sengaja dikosongkan
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Policy No / *No. Polisi*

Complete this section if **POLICY OWNER** is Institution

Lengkapkan bahagian ini jika PEMUNYA POLISI adalah Institusi

MCIS INSURANCE BERHAD (435318-U)

Head Office: Wisma MCIS, Jalan Barat, 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia
Postal Address: P.O. Box 345, Jalan Sultan, 46916 Petaling Jaya, Selangor Darul Ehsan, Malaysia

T +603 7652 3388
F +603 7957 1562
E customerservice@mcis.my

2. INDIVIDUAL PARTICULARS / *BUTIR-BUTIR INDIVIDU*

Complete this section if **POLICY OWNER** is Individual

Lengkapkan bahagian ini jika **PEMUNYA POLISI** adalah Individu

Name of Policy Owner /
Nama Pemunya Polisi

[illegible]

NRIC or Passport No/
*No. Kad Pengenalan atau
Pasport*

[illegible]

Passport Expiry Date /
Tarikh Luput Pasport

(DD/MM/YYYY / HH/BB/TT)

Nationality /
Kewarganegaraan

[illegible]

Tax Identification Number/
Nombor Pengenalan Cukai

Note/ *Nota*:

If you are a tax resident of Malaysia and another country; or / *Sekiranya anda adalah pembayar cukai Malaysia dan negara lain; atau* Not
a tax resident of Malaysia but a tax resident of another country/ *Bukan pembayar cukai Malaysia tetapi pembayar cukai negara lain*

Please complete the FATCA & CRS Entity Self Certification Form. / *Sila lengkapkan Borang Pengesahan Diri Entiti FATCA & CRS.*

Contact Number /
Nombor Telefon

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Email Address /
Alamat Emel[illegible]

DECLARATION AND AUTHORIZATION/ PENGISYTIHARAN DAN PEMBERIKUASAAN

I/We hereby confirm that the information provided by us in this form and the attached documents is true, accurate, and complete to the best of our knowledge and belief. / *Saya/Kami dengan ini mengesahkan bahawa maklumat yang diberikan oleh kami dalam borang ini dan dokumen yang dilampirkan adalah benar, tepat, dan lengkap setakat pengetahuan dan kepercayaan kami.*

I/We have fully read and understood the Personal Data Protection Notice posted at www.mcis.my, and I/we agree that the Company may process the personal information provided in the manner set out in the said Notice. / *Saya/Kami telah membaca dan memahami sepenuhnya Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web www.mcis.my dan saya/kami bersetuju bahawa Syarikat boleh memproses maklumat peribadi yang diberikan dengan cara yang dinyatakan dalam Notis tersebut.*

I/We hereby request that the information related to this policy be updated in accordance with the details provided above. I/We understand and agree that MCIS Insurance Berhad's confirmation of these updates, via letter or endorsement, shall form part of the said policy with effect from the date stated. / *Saya/Kami dengan ini memohon agar maklumat yang berkaitan dengan polisi ini dikemas kini mengikut butiran yang diberikan di atas. Saya/Kami memahami dan bersetuju bahawa pengesahan MCIS Insurance Berhad mengenai kemas kini ini, melalui surat atau endosmen, akan menjadi sebahagian daripada polisi tersebut berkuat kuasa dari tarikh yang dinyatakan.*

I/We confirm that where personal information of individuals is shared within this form, the relevant consent has been obtained from those individuals to disclose their personal data to MCIS Insurance Berhad for the purposes of processing this request and maintaining the policy. / *Saya/Kami mengesahkan bahawa di mana maklumat peribadi individu dikongsi dalam borang ini, kebenaran yang relevan telah diperoleh daripada individu-individu tersebut untuk mendedahkan data peribadi mereka kepada MCIS Insurance Berhad bagi tujuan memproses permintaan ini dan menyelenggara polisi.*

I/We agree, consent, and allow the Company to process the Applicant's data, including the personal data of the individuals associated with this policy, in compliance with the Personal Data Protection Act 2010. / *Saya/Kami bersetuju, memberi kebenaran, dan membenarkan Syarikat untuk memproses data Pemohon, termasuk data peribadi individu yang berkaitan dengan polisi ini, selaras dengan Akta Perlindungan Data Peribadi 2010.*

Authorized Signatory & Company's Stamp / *Penandatanganan Dibenarkan & Cop Syarikat*

Witnessed by/ *Disaksikan oleh:*

Name as per NRIC or passport / *Nama seperti dalam kad pengenalan atau passport:*

Name as per NRIC or passport / *Nama seperti dalam kad pengenalan atau passport:*

NRIC Number or Passport Number/
Nombor Kad Pengenalan/ No Pasport :

NRIC Number or Passport Number/
Nombor Kad Pengenalan/ No Pasport :

Date/ *Tarikh:* DD/MM/YYYY

Date/ *Tarikh:* DD/MM/YYYY

Note/ *Nota:* * (The Witness must have attained the age of 18 years/ *Saksi mesti telah mencapai umur 18 tahun*)