



In alliance with CIMB

Principal Asset Management Company Limited 44 CIMB THAI Building 16th Floor Langsuan Road Lumpini Pathumwan Bangkok 10330

Telephone 0 2686 9500 Facsimile 0 2657 3167 www.principal.th Tax registration no. 0105547164509

ใบคำขอเปิดบัญชี

Fund Account Opening Form

สำหรับเจ้าหน้าที่ / For official use only

ชื่อตัวแทน / Agent Code	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																		
สาขา / Branch Code	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																		
ผู้ติดต่อผู้ลงทุน / Single Licence	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
ผู้บันทึกข้อมูล / Recorded by																			
ผู้มีอำนาจลงนาม / Authorized by																			

Individual Investor

I intends to open the account of unitholder with Principal Asset Management Company (Management Company)

Unitholder's Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Opening Account Type ☐ Segregate ☐ Omnibus Date/...../.....

ID Type ☐ Applicant ☐ Joint Applicant Relationship with Applicant (Please clarify).....

Condition for Authorized signatory (Only joint account).....

Title ☐ Mr. ☐ Mrs. ☐ Ms. Other (Please clarify)

Name - Surname (Thai)..... Name -Surname (English)..... Gender ☐ Male ☐ Female

ID Type ☐ ID Card Number ☐ Government ID Number ☐ Passport Number..... Date of Issue...../...../..... Expiry Date/...../.....

Date of Birth/...../.....Nationality..... (For two nationality please specify.....) Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Transaction Country ☐ Thailand ☐ Other (Please Specify).....

Residence Registration Address (Please fill in information completely)

Address Number..... Moo Building/Mooban..... Floor..... Soi Road.....

Sub-Distraction/Tambon..... District/Amphur..... Province..... Postal Code..... Country ☐ Thailand ☐ Other (Please specify)

.....Telephone.....Mobile.....Facsimile.....Email.....

Contact Address ☐ Same to residence registration address ☐ Other (Please fill in information completely)

Address Number..... Moo Building/Mooban..... Floor..... Soi Road.....

Sub-Distraction/Tambon..... District/Amphur..... Province..... Postal Code..... Country ☐ Thailand ☐ Other (Please specify)

.....Telephone.....Mobile.....Facsimile.....Email.....

Education /Occupation

Education ☐ Lower than Bachelor Degree ☐ Bachelor Degree or Equal ☐ Master Degree or Equal ☐ Higher than Master Degree ☐ Not Specify

Occupation ☐ Agriculturist ☐ Doctor/ Nurse ☐ Corporate Employee ☐ Business Owner ☐ Family Business

☐ Government Employee ☐ Housewife ☐ Investor ☐ Retirement ☐ State Enterprise Employee

☐ Student ☐ Teacher ☐ Buddhist Monk/ Priest ☐ Politician ☐ Self Employed

☐ Other (Please Specify).....

Business Type ☐ Antique Trading ☐ Armament ☐ Casino/ Gambling ☐ Financial Service /Banking ☐ Recruitment Agency

☐ Insurance / Assurance ☐ Hotel/Restaurant ☐ Jewelry/ Gold Trading ☐ Foreign Currency Exchange ☐ Inbound/ Outbound Money Transfer

☐ Property/ Real Estate ☐ Entertainment Business ☐ Tourism/ Travel Agency ☐ Co-operative / Foundation/ Association / Club/ Temple/ Mosque

☐ University/ School / Education Center ☐ Other (Please Specify).....

Workplace Address Office Name..... (Please fill in information completely)

Address Number..... Moo Building/Mooban..... Floor..... Soi Road.....

Sub-Distraction/Tambon..... District/Amphur..... Province..... Postal Code..... Country ☐ Thailand ☐ Other (Please specify)

.....Telephone.....Mobile.....Facsimile.....Email.....

Spouse /Children Information (If any)

Spouse Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (Please specify).....Name – Surname (English).....

ID Type ☐ ID Card Number ☐ Government ID Number ☐ Passport Number..... Date of Birth /...../..... Age.....Years

Adopted children or underage (Age below 20 / Single)

1) Title ☐ Mr. ☐ Ms. Name – Surname..... Date of Birth..... /...../..... Age.....Years

Type ☐ ID Card Number ☐ Passport Number.....

2) Title ☐ Mr. ☐ Ms. Name – Surname.....Date of Birth /...../..... Age.....Years

Type ☐ ID Card Number ☐ Passport Number

3) Title ☐ Mr. ☐ Ms. Name – Surname..... Date of Birth /...../..... Age.....Years

Type ☐ ID Card Number ☐ Passport Number

Channels of Obtaining Document

Please specify channel of obtaining document ONLY one channel (The company will send document via electronic channel if without specify channel of obtaining the document)

☐ Obtain the documents via electronic channel Email Address.....

☐ Obtain the documents via mailing address by specify as below channels:

☐ Send to residence registration address

☐ Send to contact address

☐ Send to workplace

For those notifications letter that the management company has sent to mailing address or E-mail address specified by unitholders will consider as accurate information. For any changes of the address information unitholders must inform in black and white to management company promptly. Therefore, management company will reserves the right to submit some documents by mailing address as appropriate.

Principal Asset Management Company Limited 44 CIMB THAI Building 16th Floor Langsuan Road Lumpini Pathumwan Bangkok 10330

Telephone 0 2686 9500 Facsimile 0 2657 3167 www.principal.th

Ultimate Beneficial Owner(Ultimate Beneficial Owner means the individual who has priority to obtain benefit / the individual who has authority to control/ the individual who have the consent to make decision of fund transactions)

☐ For Applicant
 ☐ For Joint Applicant (Please specify Ultimate Beneficial Owner information as below)

Name –Surname..... Relationship with applicant (Please clarify)..... Date of Birth/...../..... Age.....Year

Type ☐ ID Card Number ☐ Government ID Number ☐ Passport Number Date of Issue...../...../..... Expiry Date...../...../.....

Address Number..... Moo Building/Mooban..... Floor..... Soi Road.....

Sub-Distraction/Tambon..... District/Amphur..... Province..... Postal Code..... Country ☐ Thailand ☐ Other (Please specify)

.....Telephone.....Mobile.....Facsimile.....Email.....

Redemption / Dividend Payment

☐ Cheque payment send to mailing address base on channel of obtaining document specify by unitholder.
 ☐ Directly transfer to account of unitholder (Please specify detail as below):

Account NameBank NameBranch.....Account Number.....

Redemption Account Type ☐ Saving Account ☐ Current Account

Deduction for withholding tax against dividend payment ☐ Consent ☐ Do not consent

In case of unitholder did not specify of redemption / dividend payment channels or incomplete account information which cannot make a deposit, the management company will justify to issue cheque payment send to mailing address of house registration or contact address specify by unitholder. In order to comply with the Revenue Code Amendment Act (No. 52) B.E. 2562, 10% withholding tax will be deducted from the amount of dividends paid from all mutual funds to individual unit holders, except from fixed income funds.

Financial Information

1) Monthly Income (Baht) ☐ < 15,000 ☐ 15,001–30,000 ☐ 30,001–50,000 ☐ 50,001–100,000 ☐ 100,001–500,000 ☐ 500,001–1,000,000 ☐ > 1,000,000

2) Source of Income (Please select one or more as applicable)

☐ Monthly salary ☐ Own business ☐ Inheritance ☐ Saving ☐ Retirement ☐ Investment ☐ Other (Please specify).....

3) Source of investment by country ☐ Domestic ☐ Oversea (Please specify).....

4) Do you ever have experienced of investment in units trusts ☐ Yes, I have invested in units trusts ☐ No, I have never been invested in unit trusts

5) Investment Objectives (Please select one or more as applicable)

☐ Short term Investment ☐ Long term Investment ☐ For retirement ☐ For saving ☐ For tax benefits ☐ Other (Please specify).....

Self - Declaration

☐ Yes ☐ No I am related to and/ or deemed "Politically exposed persons"

If yes please state name of person.....Relationship.....

☐ Yes ☐ No I have been in money laundering infringement record during the past 3 years.

☐ Yes ☐ No I have been providing financial support to terrorism and support proliferation of weapon of mass destruction in residence or oversea country during the past 3 years.

☐ Yes ☐ No I have been denied to process transaction from other financial institutions.

☐ Yes ☐ No I have been litigation or pending litigation with the case faced by court.

Additional Information for Identifying U.S. Person Status (For only Principal Clients)

☐ Yes ☐ No Are you a U.S. citizen?
 ☐ Yes ☐ No Are you a holder of any U.S. permanent resident card (e.g. Green Card)?
 ☐ Yes ☐ No Are you holder of any U.S. resident for U.S. tax purpose?
 ☐ Yes ☐ No Where you born in the U.S. (U.S. Territory) but have legally surrendered U.S. citizenship?
 ☐ Yes ☐ No Do you have a current U.S. residence address or U.S. mailing address for the account opened with/through the receiver?
 ☐ Yes ☐ No Do you have U.S. telephone number for contacting you or another person in relation to the account opened with or through or maintained with the receiver?
 ☐ Yes ☐ No Do you have standing instruction to transfer funds from the account opened with or through or held with the receiver to an account maintained in the U.S.?
 ☐ Yes ☐ No Do you have a power of attorney or signatory authority for the account opened with or through or held with the receiver granted to person with U.S. address?

Management company will reserve the right not to sell unit Trusts with US citizen / or for benefit to US citizen / or the US citizen who are designated under agreement of International Tax cooperation and Foreign Account Tax Compliance Act (FATCA) between Thailand and US Government.

I hereby consent the management company to have the right in order to obtain any confirmed presence and disclosures concerning to withholding tax such as tax authorities for both domestic and oversea as though I agree to delegated the permission and declaration of such information and a testimonials Consent to all whom it may concerned.

I hereby acknowledge and certify the completion of above information and agree to the terms and conditions specified herein are true, correct, accurate and complete. I agree to notify and provided relevant documents to the receiver within 30 days after any change in circumstances that causes the information provided in this form to be incorrect, or after the date that the receivers has requested for additional document/ information/ consent. I acknowledge and agree that failure the comply or provision of any false, incorrect or incomplete information as to the customer's status, shall entitle the receivers to terminate, at its sole discretion, the entire banking /business relationship with the customer or part of such relationship as the receiver may deem appropriate.

Signature.....Authorized Signatory/Individual Investor's Signature

(.....)