



PERSONAL DATA ACCESS REQUEST FORM

This Data Access Request is made to: AMINVESTMENT BANK BERHAD (Company No: 23742-V)

IMPORTANT NOTE:

- This form is to be completed by individuals requesting access to personal data
- This form is not to be used for requesting copies of transactional documents. Copies of transactional documents can be obtained from your relationship manager / officer / relevant branches / business units.
- Your request may not be processed if the information / document provided is incomplete OR where the request is of a commercially confidential information.
- Third Party Requestor is to be present at the relevant office / branch to submit this form and for verification of information and documents required.
- **Processing Fees:-***Personal Data:* RM10.00 (copy required) / RM2.00 (no copy required).
Sensitive Personal Data: RM30.00 (copy required) / RM5.00 (no copy required).
- The supporting document(s) required in this form must be provided and the relevant processing fee paid. We will respond within 21 days of receipt of the completed form with accompanying documents and payment.
- If you have any queries / need any guidance in filling-up this form, you may contact:
Customer Service Executive at 603-2031 0102 / e-mail: helpdesk-ebiz@ambankgroup.com
- If you wish to mail this form, the duly completed form can be mailed (together with payment of the required processing fee) to: Customer Service Executive (Data Access Request), 8th Floor, Bangunan AmBank Group, 55 Jalan Raja Chulan, 50200 Kuala Lumpur

PART A :ABOUT YOURSELF

- I am a customer / former customer of and I would like to access my personal data
- I am a Third Party Requestor [i.e. I am making this request for personal data of another person.]

PART B :PARTICULARS OF THE DATA SUBJECT

Full name (as per NRIC): _____

NRIC / Passport Number / Authority Card: _____ (Copy to be attached)

Address: _____

CDS Account No.: _____ Trading Account No.: _____

Telephone No:-Office/Home: _____ Mobile: _____ E-mail: _____

PART C :PARTICULARS OF THIRD PARTY REQUESTOR

[to be filled if request is made by a person other than Data Subject]

Full name: _____

NRIC/Passport/ Number: _____

Address: _____

Telephone No:-Office / Home: _____ Mobile: _____ E-mail: _____

⇒ I am making this request for the personal data of Data Subject because Data Subject:

- is a minor and I am the parent / legal guardian / parental responsibility over the Data Subject
- is incapable of managing his/her affairs and I have been appointed by Court to manage his affairs.
- had passed away and I have been appointed as administrator of Data Subject's estate.
- authorised me in writing to make this data access request
- other reason: (please specify):.....

⇒ In proof of my capacity, I enclose the following:

- copy of my NRIC / Passport (original to be produced for inspection); and
- original of Court Order / Power of Attorney
- original of authorisation letter from Data Subject
- other documents (please specify):.....



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PART D :THE PERSONAL DATA REQUESTED

⇒Please tick [√] for the type of product / service for which the personal data is being requested

- Custodian Services by Custodian Collateralised Securities Trading Margin Facility
- Other Product / Service (please specify):
- CDS Account Particulars
- I am / Data Subject is afor a facility / service provided to.....
- I am / Data Subject is a director / shareholder / authorised signatory of
(Company Name)

PART E :THE REQUEST

⇒I would like to be:

- informed whether or not the personal data is held by the company (i.e. no copy of personal data is required by me)
- to be supplied with a copy of the personal data requested

PART F : PREFERRED MANNER OF DELIVERY

⇒The personal data requested :

- is to be mailed to my address stated above.
- will be collected by me personally from your office / branch at:.....

PART G : DECLARATION

(by Data Subject / Third Party Requestor)

I, _____(NRIC / Passport No /Authority Card:_____)
hereby certify that the information given in this form and all documents enclosed are true and accurate.

..... Date:.....
(Signature of Data Subject / Third Party Requestor)

FOR OFFICE USE ONLY

PART H: ACKNOWLEDGMENT RECEIPT

Received by:

..... Date Received:.....
(signature of AmInvestment Bank's staff receiving the request)

Name:..... Official Rubber Stamp:

Designation:.....

Office / Branch:.....