

## Client Proficiency Assessment for Trading in Specified Investment Products (“SIPs”)

### I. PERSONAL PARTICULARS

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Full Name (as in NRIC / Passport)

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NRIC/Passport No./Malaysian IC

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Contact No.

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Email

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### II. INTRODUCTION

The Monetary Authority of Singapore (“MAS”) has introduced new requirements for Maybank Kim Eng Securities Pte. Ltd. (“Maybank Kim Eng”, “We” or “Us”) to formally assess a retail customer’s investment knowledge and experience before selling certain investment products to the customer. These stronger measures and enhanced requirements have been imposed by MAS to further safeguard customers’ interests. Under the new measures, Maybank Kim Eng must conduct an assessment to assess whether a customer has the relevant knowledge or experience to understand the risks and features of listed SIPs as well as unlisted SIPs. Such assessment also allows us to get to know you better to facilitate fair treatment of you as a customer of our services.

Please complete and submit this form to: **Customer Service Department, Maybank Kim Eng Securities Pte. Ltd.**  
63 Market Street  
#13-01 Bank of Singapore Centre  
Singapore 048942

#### IMPORTANT NOTE:

- 1) Failing to provide proper/adequate/accurate answers to the questions posed may result in you, at your sole risk, being inadvertently provided or offered to trade in SIPs that may not be suitable for you in terms of inadequacy of knowledge and/or experience on your part to reasonably comprehend the risks and features of SIPs. Please therefore take care in answering the questions asked and in providing the information requested.
- 2) Please take particular care to ensure that your answers and the information provided are complete and accurate. If you choose not to provide any information on your educational qualifications, investment experience or work experience, we will deem that you do not possess knowledge or experience to trade in SIPs.

Please note that this Client Proficiency Assessment for SIPs is meant for individuals but is *not applicable* to the following categories of investors:

- Accredited Investor (AI)
- Institutional Investor
- Expert Investor (EI)
- Overseas Investor (OI)

If you belong to one of the above categories of investors, you need not complete this form. If you are an individual who is an AI, EI or OI, please furnish us with an AI, EI or OI Declaration Form (as the case may be), which may be obtained from any of our offices.

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<sup>1</sup> Examples of Listed SIPs  
i. Certificates  
ii. Exchange Traded Funds (ETFs)  
iii. Exchange Traded Notes (ETNs)  
iv. Futures (including Extended Settlement Contracts)  
v. Structured Warrants  
vi. Options

### III. EDUCATIONAL QUALIFICATIONS

Please select your qualification(s) from the list below.

**A. Diploma or higher qualification in:**

- |   |  |
|---|--|
| <input type="checkbox"/> Accountancy  | <input type="checkbox"/> Computational Finance           |
| <input type="checkbox"/> Actuarial Science  | <input type="checkbox"/> Economics                       |
| <input type="checkbox"/> Business / Business Administration /<br>Business Management / Business Studies | <input type="checkbox"/> Finance / Financial Engineering |
| <input type="checkbox"/> Capital Markets  | <input type="checkbox"/> Financial Planning / Insurance  |
| <input type="checkbox"/> Commerce   | <input type="checkbox"/> None of the above               |

**Name of Institution** \_\_\_\_\_ **Year of Graduation** \_\_\_\_\_

**B. Professional Certifications in:**

- |   |   |
|---|---|
| <input type="checkbox"/> Associate Financial Planner (AFP)  | <input type="checkbox"/> Chartered Financial Analyst (CFA)                                  |
| <input type="checkbox"/> Associate Wealth Planner (AWP)   | <input type="checkbox"/> Chartered Financial Consultant (ChFC)                              |
| <input type="checkbox"/> Certified Financial Planner (CFP)  | <input type="checkbox"/> Chartered Institute of Securities & Investment (CISI)              |
| <input type="checkbox"/> Certified Financial Technician (CFTe)  | <input type="checkbox"/> Financial Risk Manager (FRM)                                       |
| <input type="checkbox"/> Certified Public Account (CPA)/<br>Chartered Certified Accountants Qualifications (ACCA) | <input type="checkbox"/> (CMFAS Exam) Module 6A – Securities &<br>Futures Product Knowledge |
| <input type="checkbox"/> Chartered Alternative Investment Analyst (CAIA)  | <input type="checkbox"/> None of the above  |

**Year Of Certification** \_\_\_\_\_

### IV. WORK EXPERIENCE

Please select your work experience(s) in the past ten years with a minimum of three consecutive years in the areas mentioned below. Please note support functions that are administration or clerical in nature will not be considered as relevant experience.

- |   |  |
|---|--|
| <input type="checkbox"/> Development / Structuring of investment products | <input type="checkbox"/> Work experience in actuarial science  |
| <input type="checkbox"/> Management of investment products                | <input type="checkbox"/> Work experience in financial risk management activities   |
| <input type="checkbox"/> Research / Analysis of investment products       | <input type="checkbox"/> Work experience in treasury   |
| <input type="checkbox"/> Provision of training in investment products     | <input type="checkbox"/> Legal work experience<br><i>(i.e. including provision of legal advice or possession of legal expertise<br/>in the areas listed under Section IV.)</i> |
| <input type="checkbox"/> Sale / Trading of investment products            | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Work experience in accountancy                   |  |

**Name Of Company** \_\_\_\_\_ **Period Of Service** \_\_\_\_\_  
(Month/Year to Month /Year)

### V. INVESTMENT EXPERIENCE

Please select the investment product(s) that you have accumulated at least six transactions in the preceding three years.

- Listed SIPs                                       Contracts for Difference                                       Leveraged Foreign Exchange

**Names Of Investment Product(s)** \_\_\_\_\_ **Most Recent Year Of Transactions** \_\_\_\_\_




### VI. Others:

- Personally undergone and passed SGX Learning Module
- If you have taken the SGX Learning Module previously, please list the previous scores of every assessment that you have taken \_\_\_\_\_
  - If you have previously been refused the opening of an account to trade in SIPs by other institutions, please list the number of times that this has occurred \_\_\_\_\_
- Personally undergone and passed ABS-SAS e-Learning Contracts for Difference Module
- Personally undergone and passed ABS-SAS e-Learning Foreign Exchange Margin Trading Module

### VII. ACCOUNT HOLDER ACKNOWLEDGEMENT AND DECLARATION

I declare that the information provided / submitted by me is true and accurate.

\_\_\_\_\_  
Signature / Date  Sign here

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Outcome of CAR for Listed SIPs: Eligible / Not Eligible*	Outcome of CKA for CFDs: Eligible / Not Eligible *	Outcome of CKA for LFX: Eligible / Not Eligible *
Signature Verified/Sighted* By	Input By	Checked By
_____ <span style="float: right;"> Sign here</span> Signature	_____ <span style="float: right;"> Sign here</span> Signature	_____ <span style="float: right;"> Sign here</span> Signature
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____

*\*Delete accordingly*