REQUEST FOR ALTERATION IN PERSONAL DETAILS



Certificate No. New NRIC No] •	- [
Old NRIC/Birth Certificate/Passport No.													Τ																																	
1	Name of Member/Person Covered																																													
F	Please fill in/tick box where appropriate																																													
	A. CHANGE OF ADDRESS/CONTACT Mailing Address																																													
	annig 7		T	.3 		1	Т	- [Т	1				Τ	T	Т			Ι	Т			Τ	Т				Τ	T				Т			Т			Τ	Т			Ι	Т
			+				+					+				-		+				+			\perp	+				$^{+}$	-				$^{+}$						-	+				+
			\dagger				\dagger									T		†				\dagger			t	\dagger				\dagger					\dagger							\dagger				
Po	stcode	e							To	owr	1																																			
Co	ountry		Т				Τ					Т				Τ						T			Τ	Т				Τ																Τ
Residential Address (Do not use a P.O Box or in care-of address) Please tick if same as Mailing Address above.														_																																
		F	\dagger				$^{+}$					+						+				+			+	+				t	-			l	\dagger							+				-
Po	stcode	<u> </u>	1						Тс	wn								†								1																1				
	ountry	_	Ť				Ī			I	Ī					<u>.</u> I	i	Ī				1			Ī	İ				1	1			1	1			İ			l	1				
Country															-																															
Er	nail																																													
Tel No. House or H/P												I	Τ																																	
									(Sta	te	Nar	ne	of C	our	ntry)																<u> </u>			_									<u> </u>	
	Office (State Nam							me of Country)																	-																					
E	. UP	DA	TE	P	ER	so	N/	٩L	DE	ΤA	۱L	S																																		
													T																																	
		Particulars								☐ Member									Spouse / Dependent									Nominee																		
		N	lam	ie																																										
•		С	ate	of	Bir	th																																								
-		N	IRI	C/B	C/F	Pas	spo	ort l	No.																																					
-		S	alu	tati	on																																									
3			วดน	ntr	/ of	Birt	th																																							
			Nationality																																											
Š 0 - - - - - - - - -	Note: Odoctor, rom the dentification	lav e o	vye rigi	r, n nal	nag red	istra ord	ate I, p	, A	ger	су	Ma	ana	ger	s or	Cu	stor	mer	Se	ervio	ce (Offic	cei	rs c	of G	ΕL	M/0	GE	TB,	etc	is	to t	e s	sub	mit	ted	. If	the	e n	am	ne i	s e	ntii	rely	dif	fere	as a ent

CHANGE OF SIGNATURE											
		\neg									
Old Signature	New Signature										

If Participant is unable to sign his/her old signature, he/she is required to call at our nearest office to have his/her signature certified by one of our authorised officers.

D. PERSONAL DATA PROTECTION ACT (PDPA) NOTICE

The information which you have provided in this form may be recorded, used, stored or processed by Great Eastern Takaful Berhad ("Takaful Operator"), its agents, its related takaful operators and relevant third party service providers to process and carry out the authorisation herein, and to communicate with you and the Certificate Owner from time to time in relation to the same. You may access your personal information at any time by calling Customer Service Careline at 1 300 13 8338 or visiting the i-Getintouch Portal at https://www.igetintouch.com.my. If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at 1300 13 8338 or our Privacy Officer at +603 4259 8381 or write to the Takaful Operator. The information that you have provided to the Takaful Operator is necessary. If you do not provide the Takaful Operator with such information, the Takaful Operator will not be able to provide the services hereunder. For more information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at www.greateasterntakaful.com.

E. US FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) NOTICE

I/We agree that I/we will update the Takaful Operator promptly of any change or addition to the information provided herein about me/us, the person covered, the beneficiary named in this proposal or of the certificate and any other relevant persons (if any, and collectively with the person covered and the beneficiary the "Relevant Persons") as the Takaful Operator may reasonably require. I/We further agree, and represent to the Takaful Operator that each Relevant Person has agreed when information about him is provided to the Takaful Operator, that the Takaful Operator may disclose such information for the purpose of its compliance with any applicable rules, laws and regulations, codes of practice or guidelines or to assist in law enforcement and investigations by relevant authorities.

I/We understand that the Takaful Operator will not be liable for any costs or losses that may be incurred to me/us or any of the Relevant Persons due to actions of the Takaful Operator permitted herein. In this connection, I/We agree to indemnify the Takaful Operator against all claims of the Relevant Persons for the aforesaid costs or losses. I/We further understand that my/our failure to fulfill any of the obligations herein, or any of untrue or inaccurate representations given herein, will entitle the Takaful Operator to deduct or withhold such amount from any payment payable under the relevant certificate, and/or to terminate the certificate without being held liable, to the extent permitted by law, and I/we will indemnify the Takaful Operator against all costs and losses that may be incurred to it therefrom.

I/We agree to complete and sign such documents and do such things for purposes reasonably required by the Takaful Operator to evaluate my/our proposal and to provide the products or services which I am/we are applying for.

Are you a US tax obligated person?

Member/Person Covered

☐ Yes ☐ No

Note: If Yes, please provide the completed relevant US IRS documents.

F. COMMON REPORTING STANDARD (CRS):

Great Eastern Takaful Berhad (the "Takaful Operator") is required to collect information regarding the tax residency status of each Takaful Certificate Owner in order to comply with the Income Tax Act 1967 and the Income Tax (Automatic Exchange of Financial Account Information) Rules 2016 (collectively referred to as "Malaysian Laws on International Tax Compliance".) The Malaysian Laws on International Tax Compliance implement the standard for automatic exchange of financial account information in tax matters, commonly known as Common Reporting Standard ("CRS"), developed by the Organisation for Economic Co-operation and Development ("OECD").

Pursuant to the Malaysian Laws on International Tax Compliance, the Takaful Operator may be legally obliged to share the information provided by the Takaful Certificate Owner and other financial information with respect to the financial accounts of the Takaful Certificate Owner with the Inland Revenue Board of Malaysia ("IRBM"). IRBM may exchange such information with the tax authorities of another jurisdiction or jurisdictions in which the Takaful Certificate Owner may be a tax resident pursuant to an intergovernmental agreement to exchange financial account information.

Each jurisdiction has its own rules for defining tax residence. If you have any questions on how to determine your tax residency status or complete this form, you should consult your tax adviser or refer to the OECD automatic exchange of information portal at http://www.oecd.org/tax/transparency/automaticexchangeof information.htm. The Takaful Operator will not be in a position to provide assistance beyond the information set out herein.

Note: For takaful contract which provides cash value or an annuity, the Takaful Certificate Owner may be any person:-

- (a) who has entitlement to the cash value; or
- (b) has the authority to change the beneficiary named in the certificate; or
- (c) named as the owner in the certificate; or
- (d) with a vested entitlement to receive payment under the terms of the certificate

Notwithstanding the above, upon maturity of the takaful contract which provides cash value or annuity, the person entitled to received payment under the certificate shall be treated as the Takaful Certificate Owner.

F. COMMON REPORTING STANDARD (CRS):

Common Reporting Standard (CRS) Declaration:

I/We certify that I/We am/are the Takaful Certificate Owner for the family takaful application to which this form relates. Where the Person Covered is a minor, I/We certify that I/We am/are authorised to act for and on behalf of the Person Covered in my/our capacity as the legal guardian of the Person Covered.

I/We acknowledge that the information contained in this form, including information regarding the Takaful Certificate Owner and any reportable account(s) may be reported to IRBM and exchanged with the tax authorities of another country or countries in which the Takaful Certificate Owner may be a tax resident, pursuant to intergovernmental agreements to exchange financial account information.

I/We declare that all statements made in this form are, to the best of my/our knowledge and belief, correct and complete. I/We undertake to inform the Takaful Operator within 30 days if there is any change in circumstances that affects the tax residency status of the Takaful Certificate Owner or causes the information contained herein to become incorrect or incomplete. I/We shall provide the Takaful Operator with an updated self-certification form within 90 days of such change in circumstances.

I/We understand that any person who provides any incorrect information required to be provided under the Malaysian laws of International Tax Compliance shall (unless the person can show that such incorrect information was provided in good faith) be guilty of an offence which is punishable with a fine not less than RM20,000 and not exceeding RM100,000, or imprisonment for up to six (6) months or both.

I/We agree to complete and sign such documents and do such things for purposes reasonably required by the Takaful Operator to evaluate my/our certificate and to provide the products or services which I/We am/are applying for.

Note: CRS requirements would only be applicable to a certificate which is subject to OECD Common Reporting Standard

Dated at	Day Month Year
Signature of Certifcate Owner	Signature of Witness*
Name :	Name :
NRIC No. :	NRIC No. :
Tel No. :	Tel No. :

*STATEMENT OF WITNESS

I hereby witness and certify that the signature(s) in this form was/were made before me and that to my own personal knowledge it is the signature(s) of the Certificate Owner/Person Covered/Assignee/Nominee/Trustee under the Certificate No. as mentioned above.