COLLATERAL ASSIGNMENT (PSF19A)



Certificate No.:																		T				T	Т	7						
Financing Ref No.:																	Ì	Ī				Ī	Ť	Ī	S	STAMP DUTY				
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NOTE: This decument has to be stamped in accordance with the Stamp Act 1049.																														
This document has to be stamped in accordance with the Stamp Act 1949 This form must be completed in full and in BLOCK letters. Do not use any correction fluid or eraser for any alteration. All alterations must be countersigned by the ASSIGNOR.																														
This form must be witnessed by an IMPARTIAL party.																														
If the assignee is a Company/Corporation or Financial Institution, the form must be signed by an authorised signatory and stamped with the Company's rubber stamp.																														
Please enclose the following documents with this form:-																														
Questionnaire For Authorized Person Of the Company																														
Form 8 - Certificate of Incorporation for Public Company or																														
ii.																														
v. Form 24 - Return of Allotment of Shares (Latest)																														
7. Form 49 - Return giving particulars in register of directors, managers and secretaries and changes of particulars (Latest)																														
<i>i</i> . ☐ Authorization letter from the Company or resolution from Board of Directors for the appointed Authorized Person																														
/ii. Clear copy of NRIC / Passport of the Authorized Person																														
**If the Company/Organization is a Bank regulated under BNM, please submit this form together with item vii.																														
ASSIGNOR'S DETAILS Name of Assignor																														
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NIRC/ Company Registration No.	Т	$\overline{}$		\top	<u> </u>	Т	٦																							
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I, the ASSIGNOR named above hereb	y as	sign	n abs	solut	ely a	ind	irrev	ocal	oly ι	ınto	o the	ASS	iG	NEE	naı	med	d be	low	all	my	rig	hts	, title	and	d in	terest	(if any)			
under the abovenamed CERTIFICATE I declare that the ASSIGNEE shall be assigned the CERTIFICATE.																														
In the event of the death or Total Perm	ane	nt Γ	Disak	nility	of th	ρΔ	SSIC	SNC)R 1	the	Taka	aful ()ne	rato	r wi	ll na	av tl	ne t	aka	aful l	hen	efit	te iir	ıder	the	assir	ınment			
towards full settlement of indebtedness proper claimant(s).																														
In the event the ASSIGNOR surrenders the CERTIFICATE the amount left in Participant Unit Account (PUA) / Participant Individual Account (PIA) will be refunded to ASSIGNOR and the assignment will be automatically revoked. The ASSIGNEE's consent is required prior to making the																														
	surrender. Assignment shall not be executed if Badal Hajj or Waqaf Service is active, unless Badal Hajj or Waqaf Service (whichever related) has been																													
ASSIGNEE'S DETAILS																														
Name																														
																						Τ	T	Т	Т					
Company Registration No.															<u> </u>															
Place of Incorporation													Da	te of	Inc	orp	ora	tion	ı											
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Tel. No. (Office)												Γ		1	ı	_	\top	\neg	ſ			\top	$\overline{}$	$\overline{}$	\neg	\neg				
	(Sta	ate	Nam	e of	Cou	ntry	′)					Į							- [\perp		\perp					

CSD-PSF19A-V04-052022-TAKAFUL (EN)

ASSIGNEE'S DETAILS																					
Address																					
Postcode						Tov	vn														
Country																					
Relationship to Assignor	•																				
Nature of Business:																					
Purpose of Collateral Assignment Transaction:																					

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.

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?								
Assignor Yes	□ No							
Assignee								
Yes	□ No							
Note: If Yes, ple	ease provide the completed relevant US IRS documents.							

TAX RESIDENCY SELF-CERTIFICATION BY ASSIGNEE

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.

ax resident in Malaysia and do	not have any foreign tax residence	
ident in the following list of cou	not have any foreign tax residence	y.
	untries/jurisdictions (please includ l or passport or other government	e Malaysia if applicable). issued identity document of the country(s)
ny/Corporation, please fill in Ta	ax Residency Self-Certification Fo	rm(Entity) and Tax Residency Self-Certification
ole indicating.		
		dicated.
nable to obtain a TIN or equiva you are unable to obtain a TIN	llent number in the below table if you have sele	ected this reason)
Tax Identity No (TIN)	If no TIN available enter Reason A, B or C	Reason why you are unable to obtain a TIN (Please fill if B is selected)
made in this form are, to the be if there is any change in circum therein to become incorrect or ge in circumstances. who provides any incorrect inf son can show that such incorre	est of my knowledge and belief, constances that affects the tax resident incomplete. I/We shall provide the formation required to be provided	orrect and complete. I/We undertake to inform the ency status of the Takaful Certificate Owner or e Takaful Operator with an updated self-certification under the Malaysian laws of International Tax and faith) be guilty of an offence which is
		or up to six (6) months of both.
on	day of month	in the year
response to the state of the st	ser's/Participant's/Assignee's Tavide the appropriate reason A, ion where you are a resident a mable to obtain a TIN or equiva you are unable to obtain a TIN sereason if the domestic law of Tax Identity No (TIN) Tax Identity No (TIN) Takaful Certificate Owner for an authorised to act for and the series and exchanged with the tax ion intergovernmental agreement and in this form are, to the beat there is any change in circum the definition of the series and the series are series and the series are series.	roposer/Participant/Assignee is tax resident and ser's/Participant's/Assignee's TIN for each country/jurisdiction individe the appropriate reason A, B or C where indicated below: ion where you are a resident and does not issue TINs to its residentable to obtain a TIN or equivalent number you are unable to obtain a TIN in the below table if you have selected as reason if the domestic law of the relevant jurisdiction does not a reason if the domestic law of the relevant jurisdiction does not great law of the relevant jurisdiction does not a reason A, B or C Tax Identity No (TIN) If no TIN available enter Reason A, B or C Takaful Certificate Owner for the family takaful application to when/are authorised to act for and on behalf of the Person Covered attain contained in this form, including information regarding the reason and exchanged with the tax authorities of another country or to intergovernmental agreements to exchange financial account in the provided in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in this form are, to the best of my knowledge and belief, confirmed in the provide the p

TAX RESIDENCY SELF-CERTIFICATION BY ASSIGNEE

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 Assignor and Assignee under the Certificate No. as mentioned above.									
Signature of WITNESS	J								
Name of Witness:	_								
NRIC No.:	_								
Address:	_								
	-								