

CUSTOMER KNOWLEDGE ASSESSMENT (CKA)/CUSTOMER ACCOUNT REVIEW (CAR)

Main Applicant's Name

NRIC / Passport No.

Joint Applicant's Name

NRIC / Passport No.

It is important to find out if you have knowledge or investment experience to understand the risks and features of "Specified Investment Products" (SIP) which include unit trusts, exchange traded funds (ETFs), daily leverage certificates (DLC), structured warrants or similar products. This assessment, known as Customer Knowledge Assessment (CKA)/Customer Account Review (CAR), helps in the assessment of your knowledge or investment experience before recommendations are made to you or before your account is approved/activated to transact in listed SIPs.

You understand that any inaccurate or incomplete information provided by you may affect the outcome of the assessment. You also acknowledge and agree that a copy of the form will be submitted to the relevant investment platform.

If you are the Main Applicant, please complete fields stated ☐ M = Main Applicant. If you are the Joint Applicant, please complete fields stated ☐ J = Joint Applicant.

PART 1: KNOWLEDGE ACQUIRED

Educational Qualifications

1. Do you have a diploma or higher qualification in any of the following fields?

☐ M ☐ J Yes ☐ M ☐ J No

If yes, please indicate as applicable:

<input type="checkbox"/> M <input type="checkbox"/> J Accountancy	<input type="checkbox"/> M <input type="checkbox"/> J Capital Markets	<input type="checkbox"/> M <input type="checkbox"/> J Finance	<input type="checkbox"/> M <input type="checkbox"/> J Computational Finance
<input type="checkbox"/> M <input type="checkbox"/> J Actuarial Science	<input type="checkbox"/> M <input type="checkbox"/> J Commerce	<input type="checkbox"/> M <input type="checkbox"/> J Financial Engineering	<input type="checkbox"/> M <input type="checkbox"/> J Insurance
<input type="checkbox"/> M <input type="checkbox"/> J Business / Business Admin	<input type="checkbox"/> M <input type="checkbox"/> J Economics	<input type="checkbox"/> M <input type="checkbox"/> J Financial Planning	

Please also specify the full name of the Education Institution(s) in which the above qualification(s) was/were obtained and any other relevant information:

M:

J:

2. Do you possess any other professional finance-related qualifications?

(e.g., AFP/AWP/CFP, AFC/ChFC, ACCA, CLU, CFA/CAIA, CPA/CA, CISI, CFTe, FRM, CMFAS M6A/M8A/M9A)

☐ M ☐ J Yes ☐ M ☐ J No

If yes, please specify the full name of the qualification(s), Education Institution(s) in which the qualification(s) was/were obtained and any other relevant information:

M:

J:

Investment Experience

3. Have you conducted **at least 6 transactions** in the following "Specified Investment Products" (SIP) over the **past 3 years**? *(Please tick the type of investment traded)*

☐ M ☐ J Yes ☐ M ☐ J No

☐ M ☐ J Unlisted Specified Investment Products (e.g. Unit Trusts, Investment-Linked Policies (ILP))

☐ M ☐ J Listed Specified Investment Products (SIP)

(e.g. Exchange Traded Funds (ETF), Certificates including Daily Leverage Certificates (DLC), Structured Warrants, Exchange Traded Notes (ETNs), Futures (Extended Settlement Contracts), Callable Bull/Bear Contracts (CBBCs), Futures, Options)

If yes, please specify the full name of the Financial Institution(s) where the transactions were carried out and any other relevant information:

M:

J:

Work Experience

4. Do you have a minimum of **3 continuous years** of working experience* in the **preceding 10 years** involving the following fields?

☐ M ☐ J Yes ☐ M ☐ J No

If Yes, please indicate as applicable:

☐ M ☐ J Development / Structuring / Management / Sale / Trading / Research / Analysis of Investment Products

☐ M ☐ J Provision of training on Investment Products

☐ M ☐ J Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas

* Provision of general support functions in the above mentioned areas such as operations, HR, corporate services and IT will not be considered as relevant experience.

Please also specify the full name of the business organisation(s) where the above work experience was obtained and any other relevant information:

M:

J:

PART 2: IMPORTANT NOTICE REGARDING CKA/CAR OUTCOME

1. If **all** your responses in PART 1 are "No", you do not have the relevant knowledge or experience to transact in the relevant SIPs. **[Fail CKA and CAR*]**
2. If you **only** have Investment Experience in Unlisted SIPs, you do not have the relevant knowledge or experience to transact in Listed SIPs. **[Fail CAR*]**
3. If you **only** have Investment Experience in Listed SIPs, you do not have the relevant knowledge or experience to transact in Unlisted SIPs. **[Fail CKA]**

*If you would like to transact in listed SIPs, please submit this form with the Listed SIP Activation Form.

MAIN Applicant / Authorised Signature 1

SIGN										
	Date	D	D	-	M	M	-	Y	Y	Y
SIGN										
	FAR Signature									
	FAR Name									

JOINT Applicant / Authorised Signature 2

SIGN										
	Date	D	D	-	M	M	-	Y	Y	Y