



Introduction

Melbourne Capital Group and your adviser are required to have due regard for your best interests when providing advice. This fact find and the questions contained within are important and enable Melbourne Capital Group and your financial advisor to understand your situation in order to make appropriate recommendations for you.

We work on the basis of full disclosure and full advice. The alternative is restricted disclosure and restricted advice. The more thorough you are in helping us complete your fact find, the more suitable the advice can be.

<p>Please confirm if you would like to have full disclosure, or restricted disclosure, for your fact find:</p> <p>Full Disclosure <input type="checkbox"/> Restricted Disclosure <input type="checkbox"/></p>	<p>Please confirm if you would like to have full scope advice, or restricted scope advice, for your statement of advice. If you chose restricted disclosure, it is only possible to choose restricted advice.</p> <p>Full Advice <input type="checkbox"/> Restricted Advice <input type="checkbox"/></p>
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Introductory Questions

What is the primary reason for you seeking financial advice?

What expectations do you have about seeking financial advice?

Are there any circumstances which might suggest that you are potentially vulnerable?

Is third party assistance required? For instance, should a family member or trusted friend be present in meetings?

Do you foresee any changes to your future circumstances?

What major expenditure do you foresee over the next five years and how do you plan to fund it? E.g. holidays, new car, school fees, house purchase, etc.

Are you expecting any inheritance or cash lump sum payments from pensions? Please provide a description in terms of approximate amount and timescale.

What lifestyle objectives are important to you?

What issues or events may affect your lifestyle objectives in the short, medium and long term?

Personal Information	Primary Applicant	Secondary Applicant
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Title and Full Name

Preferred Name

Gender

Date of Birth (DD/MM/YYYY)

Marital Status

Country of Birth

Country of Residence

Country of Nationality

Passport Number or NRIC

If you are Malaysian, do you have
Bumiputera status?

Yes No

Yes No

Dual Nationality

Country of Domicile

Residential Address
(and correspondence address if different)

Employment Status

What is your current occupation (or
former occupation if you are retired?)

Employer

Employer Address

Tax Identification Number

National Insurance Number (UK)

Where do you pay your taxes?

If you live abroad, how long have you
been doing so?

Do you see yourself leaving your current
country of residence?

Who usually makes financial decisions?

Have you ever been a US citizen, US
Connected person, lived in the US, or held
a US Green Card?

Yes No

Yes No

If you are self employed or own a
company, what is the nature of your
Business?

Annual Turnover

Will and Estate (please use DD/MM/YYYY)

Do you have a will in place in both your home country and current country of residence?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
When was it last reviewed? /...../.....			
Self in Home Country :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Partner in Home Country :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self in Country of Residence :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Partner in Country of Residence :	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Primary Applicant	Secondary Applicant
Who are the executors of your will?		
Does your Will incorporate a testamentary trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Power of Attorney for your finances and health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you nominated beneficiaries for your pension and protection policies? If yes, who?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you appointed guardians for your dependents? If yes, who?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess an aide-memoire to help your loved ones such as a “My Documents in the event of your death or loss of mental capacity”? Would you like help with this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide the details of any other advisers you have including financial advisers, lawyers, accountants and tax advisers.		

Children and Dependents

Name	Date of Birth	Occupation or Current School	Gender	Are they financially dependent on you?	Relationship	Country of Residence
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

 Have you ever considered securing another citizenship or residency for you, your spouse, or family? Yes No

Income, Expenses, Assets, and Liabilities

Income and Expenses

Income Details	Frequency	Pre/Post Tax	Currency	Primary Applicant	Secondary Applicant
Basic Earned Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Bonus / Commission	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Housing allowance	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Investment income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Pension Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Rental Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Total (Annual)		

Expense Details	Frequency	Pre/Post Tax	Currency	Primary Applicant	Secondary Applicant
Accommodation	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Food	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Utilities	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Travel	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Debt Payments	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Lease Payments	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Savings	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Insurance Premiums	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Investment Purchases	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Total (Annual)		

Net Income

Net Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Combined Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Total Income available to pursue financial goals		

Assets and Liabilities

In the section below, please specify your assets, such as bank and cash deposits, real estate, cars, personal property, and so forth. If you have an asset held at a company, such as a bank account or an investment account, the company can be specified as well.

	Primary Applicant	Secondary Applicant
Do you have cash set aside for a “rainy day” fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much? (Please specify currency).		
How long would this support you?		
How many years of investment experience do you have?		
Could you describe your experience with investments?		

Asset Name	Company	Held by	Currency	Value
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
Total		

In the section below, please specify your liabilities, such as mortgages and loans, car leases, credit card debt, and so forth.

Liability Name	Term (Years)	Company	Held by	Currency	Value
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
Total			

Family Security and Protection

This section is to assess and document the financial safeguards and insurance in place for you and your family. It includes an evaluation of life insurance policies, health and disability coverage and critical illness cover. The goal is to ensure comprehensive protection against unforeseen circumstances, providing peace of mind and financial stability. We can identify potential gaps in coverage and make recommendations to strengthen your family's financial security.

	Primary Applicant	Secondary Applicant
Please describe your health?	Average <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>	Average <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>
Do you smoke? (cigars, cigarettes, and vape)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on any medication? If yes, what types?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have private health insurance? If yes, please note the following details: Insurer, Policy Type, Term, Cost.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have critical illness insurance? If yes, please note the following details: Insurer, Policy Type, Term, Cost, Sum Assured.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have life insurance? If yes, please note the following details: Insurer, Policy Type, Term, Cost, Sum Assured.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other insurance to protect you and any dependents? If yes, please detail.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your existing life cover held under trust? If yes, who are the trustees and beneficiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do have insurance policies, what countries are they set up in?		
Other Notes:		

Retirement Planning**Primary Applicant****Secondary Applicant**

Do you have any existing pension arrangements? If yes, please provide full details including any state pension entitlement. Are you currently contributing to your pension arrangements?

Who are your nominated pension beneficiaries?
What is their relationship to you?
What is their nationality?
Are they more than 10 years younger than you?

At what age do you plan to retire?

In which country/countries do you plan to spend your retirement?

What is your target level of income in retirement?

Have you had a pension crystallization event? What percentage of your lifetime allowance has been used? (Post 5th April 2006 only) (UK specific)

Do you have pension protection in place? If so, what type? Primary, Enhanced, Fixed. (UK specific)

Have you taken a pension commencement lump sum? If so, how much?

What percentage of your pension would need to carry on being paid to your spouse or partner in the event of your death?

If you have not yet taken one, will you require a cash lump sum from your pension? Do you intend to use the lump sum for any specific reason?

Have you received any advice on your options for taking benefits at retirement? (e.g. Annuity, drawdown).

Do you know where your funds are invested, including risk and diversification levels?

Estate Planning	Primary Applicant	Secondary Applicant
Have you taken advice on the potential taxation of your estate on death?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been an executor and dealt with probate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you established a trust, been appointed as a trustee or the beneficiary to a trust? If yes, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you expecting an inheritance in the future? If yes, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made any gifts to individuals or trusts in the last 14 years? (UK specific)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify. You should include the values and beneficiaries.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you inherited assets within the past two years? (UK specific).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Internal Compliance	Primary Applicant	Secondary Applicant
Would you consider yourself a Politically Exposed Person (PEP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm your source of wealth. For example, Savings from Income, Sale of Business, Sale of Property, Divorce Settlement, Pension Lump Sum, Proceeds from Trusts, Other please specify.		
Would you like to sign a Letter of Authority (LOA) should that MCG can provide advice on your plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Investor and Risk Profile

1. What is your current age? <input type="checkbox"/> 18 to 30 years old [4] <input type="checkbox"/> 31 to 43 years old [3] <input type="checkbox"/> 44 to 55 years old [2] <input type="checkbox"/> Above 55 years old [1]	2. How do you normally feel after making a significant financial decision? <input type="checkbox"/> Optimistic that the decision will bring substantial benefits [4] <input type="checkbox"/> Content that it is a right decision [3] <input type="checkbox"/> Concerned that it could be a wrong decision. [2] <input type="checkbox"/> Oh my god! What if it fails? [1]
3. How many months of expenses can your emergency funds cover? <input type="checkbox"/> More than 8 months [4] <input type="checkbox"/> 4 to 8 months [3] <input type="checkbox"/> Less than 3 months [2] <input type="checkbox"/> I have no emergency funds [1]	4. How many people depend on you financially? <input type="checkbox"/> 0 [4] <input type="checkbox"/> 1 [3] <input type="checkbox"/> 2 to 3 [2] <input type="checkbox"/> More than 3 [1]
5. I plan to keep the money invested for <input type="checkbox"/> More than 7 years [4] <input type="checkbox"/> 5 to 7 years [3] <input type="checkbox"/> 2 to 4 years [2] <input type="checkbox"/> Less than 1 year [1]	6. I prefer to keep capital safe rather than have high returns. <input type="checkbox"/> Disagree [4] <input type="checkbox"/> Neutral [3] <input type="checkbox"/> Somewhat agree [2] <input type="checkbox"/> Strongly agree [1]
7. In the event that the Net Asset Value (NAV) of the fund that you invested falls below 15% of your original investment, what would you do? <input type="checkbox"/> Top up aggressively [4] <input type="checkbox"/> Hold on to it, no action will be taken. [3] <input type="checkbox"/> Switch into a conservative type of fund. [2] <input type="checkbox"/> Redeem and fully hold cash [1]	
8. My current and future income sources (e.g. salary, pension) are: <input type="checkbox"/> Very stable [4] <input type="checkbox"/> Stable [3] <input type="checkbox"/> Unstable [2] <input type="checkbox"/> Very unstable [1]	9. Which investment would you make? <input type="checkbox"/> Portfolio that has a potential loss of < 25% - 50% (or even more) p.a. with a potential return of 12% p.a. [4] <input type="checkbox"/> Portfolio that has a potential loss of < 10% - 15% p.a. with a potential return of 7% p.a. [3] <input type="checkbox"/> Portfolio that has a potential loss of < 5% - 10% p.a. with a potential return of 5% p.a. [2] <input type="checkbox"/> Portfolio that has a potential loss of < 5% p.a. with a potential return of 3% p.a. [1]
10. What is your primary investment objective? <input type="checkbox"/> Capital Gain [4] <input type="checkbox"/> Children Education [3] <input type="checkbox"/> Retirement Planning [2] <input type="checkbox"/> Capital Preservation [1]	11. What percentage of monthly income can be invested? <input type="checkbox"/> More than 30% [4] <input type="checkbox"/> 16 to 30% [3] <input type="checkbox"/> 0 to 15% [2] <input type="checkbox"/> I currently have no income [1]
Total Risk Score:	

Risk Profile Results:

<input type="checkbox"/> 11 to 17 Points	<input type="checkbox"/> 18 to 25 Points	<input type="checkbox"/> 26 to 32 Points	<input type="checkbox"/> 33 to 40 points	<input type="checkbox"/> Above 40
Conservative	Moderately Conservative	Balanced	Moderately Aggressive	Aggressive

Goals and Objectives

This section is to capture your financial goals and objectives. It includes both short-term and long-term aspirations, such as retirement plans, education funding, major purchases, and investment targets. The aim is to understand your priorities and align your financial strategy accordingly. By clearly defining your goals, we can provide tailored advice and develop a roadmap to help you achieve them.

For each of the items below, please note on a scale of 1 to 5 how important they are to you.

	Primary Applicant	Secondary Applicant
Financial protection for myself, and/or family from death, illness, and injury.		
Saving and accumulating wealth, including building a portfolio.		
Investing and managing existing wealth, including providing an income.		
Mortgage and finance.		
Retirement Planning including pension consolidation.		
Tax Planning.		
Property / Real Estate Investment.		
Will and Estate Planning (including IHT and Succession).		
Review of existing arrangements and previous advice.		
Other Planning Areas		

Specific Goals

Goal or Planning Area	Owner	Priority (1 – 5)
	Primary <input type="checkbox"/>	
	Secondary <input type="checkbox"/>	
	Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/>	
	Secondary <input type="checkbox"/>	
	Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/>	
	Secondary <input type="checkbox"/>	
	Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/>	
	Secondary <input type="checkbox"/>	
	Joint <input type="checkbox"/>	

Privacy and Data Protection Policy

This Privacy Policy describes the Client's personal data and information that Melbourne Capital Group collects, and the handling of such Client Data. The term Client wherever appearing in this Privacy Policy shall refer to Melbourne Capital Group Clients as well as prospective clients or persons applying for any services, accounts or products from Melbourne Capital Group and its service providers.

What types of personal information about me does Melbourne Capital Group hold?

As a provider of financial services, we collect and hold information about you that is both relevant and necessary in order for us to provide you with those services. The types of information we hold depend on the services provided and may include information about the identity of yourself and your family, your personal objectives, financial position, health, lifestyle, financial plan and issues of a personal nature. We will always endeavour to obtain information about you directly from you.

How does Melbourne Capital Group use my personal information?

Our primary purpose in collecting information about you is to understand your needs and provide you with appropriate financial advice and services. Your information is used to develop your financial advice and products recommendation which serves as a basis for product selection and regular performance review. In order to achieve this, we may need to appoint another authorised representative within the firm to manage your financial needs and services. This authorised representative shall be assisted by other authorised employees, agents and/or service providers in order to provide you with the necessary service. From time to time we may use your information in order to assess and bring to your attention other products and services that may be relevant to your financial advisory.

What is a Licensee, Employee, Agent and Service Provider?

A Licensee is a Capital Market Services License entity of Securities Commission Malaysia. Employees are those employed whether on a permanent and/or contractual term basis, whether on a full time, part time or casual type of employment, with the Capital Market Service License. Agents and/or service providers are persons such the representatives and/or agents and/or employees service providers that provide you with financial products and services, as well as authorised representatives and/or agents and/or employees of the ancillary functions of the Capital Market Services License such as amongst others, legal, accounting and auditing.

Who does Melbourne Capital Group disclose my personal information to?

Your information is only disclosed to other parties as are necessary for us to provide our services to you and in maintaining your relationship with us by virtue of the products and services that you have taken with us. Other parties may include investment firm, fund managers, life companies, other Licensees, regulators and service providers for financial products and the Licensees agents and service providers as necessary. In addition, we will disclose your information where we are required to by law or in obtaining legal opinion and/or advice for any issues arising related to your relationship with us. We will not pass your information to other parties for any purposes other than those for which you have been informed, unless such disclosure is prohibited by law.

How do I get access to the personal information Melbourne Capital Group holds about me?

You may request access to the information we hold about you by contacting your financial adviser or Melbourne Capital Group directly. Upon receipt of your request, we will endeavour to service your request as fully and as quickly as possible. In some circumstances, access to your information or parts thereof may not be possible. If this is the case, we will inform you as to why and, where practicable, make alternative arrangements. Depending on the requirements, a fee may be charged to service requests.

Terms of Engagement

Scope of Engagement

Melbourne Capital Group will be acting for you in relation to the scope of work as detailed below:

- a. Taking into account your need and requirements, our scope of work is to provide a Statement of Advice which includes the following items:
 - i. Advice on establishing a wealth structure which is suitable for your requirements, taking into consideration your personal circumstances;
 - ii. Advice on structuring an investment portfolio which caters towards your investment goals and attitude to risk;
 - iii. Advice on structuring your estate and succession plans for your wealth, such as ensuring you have a Will in place; and
 - iv. To provide advice in relation to your circumstances on an ongoing basis.
- b. To discuss investment ideas, and provide general information and insight where appropriate.
- c. Taking instructions from you and attending to meetings and correspondence relating to the above-mentioned items; and
- d. Rendering general care and conduct in the course of our services to you.

We are not tax agents or lawyers, and do not provide tax or legal advice.

Indemnity

We shall perform to the best of our ability in our advice to you, and should you need our assistance only in certain specific area of our services, we shall not be held liable for any losses, damages or claims resulting from other areas which we are not engaged in. We shall also not be held liable for any losses, damages or claims resulting from your noncompliance with our advice.

We also have your agreement that we shall not be liable for errors of fact or judgment so long as we act in good faith except for any wilful misconduct or gross negligence on our part. You understand and agree that all investments involve risks and that some investment decisions may result in losses. You understand and agree that we cannot guarantee that your investment objectives will be achieved based on our recommendations.

While reasonable care shall be taken in the preparation of our report, proposal and/or advice, no warranty is given to the accuracy of the opinion contained therein or liability accepted, if any, for any statement of opinion or for any errors or omission, our loss shall be limited to our sum fees stated in our report and/or proposal.

Avenue for Recourse

If you are unhappy with the Statement of Advice or our services in any way, please direct your dissatisfaction at the first instance to us and we will make every endeavour to resolve your complaints in a prompt and fair manner.

Complaint Unit

Melbourne Capital Group

13-2, Level 13, UOA Corporate Tower, Lobby B, Avenue 10,
The Vertical, 8, Jalan Kerinchi, Bangsar South, 59200 Kuala
Lumpur, Wilayah Persekutuan Kuala Lumpur
Tel +6011-1692 1709
Fax: 603 5888 0407
E-mail: report@melbournecapitalgroup.com

Consumer and Investor Office

Securities Commission Malaysia

No 3 Persiaran Bukit Kiara, Bukit Kiara 50490 Kuala
Lumpur
Tel: 603 6204 8999
Fax: 603 6204 8991
E-mail: aduan@seccom.com.my

Securities Industry Dispute Resolution Center

(SIDREC) Unit A-9-1, Level 9, Tower A Menara UOA Bangsar
No. 5, Jalan Bangsar Utama 1 59000 KLTel: +60-3-2282
2280
Fax: +60-3-2282 3855
E-mail: info@sidrec.com.my

Federation Investment Manager Malaysia

(FIMM) 19-06-1, 6th Floor Wisma Tune, 19 Lorong
Dungun Damansara Heights 50490 Kuala Lumpur
Malaysia
Tel : 03-20932600
Email: complaints@fimm.com.my

Agreement

We are committed to the relationship with you and thank you for giving us the opportunity to assist you in your affairs.

Should you have any questions on the above, please do not hesitate to contact us. If the above terms of engagement are acceptable to you, kindly sign below us as confirmation of our Engagement.

We note that “Melbourne Capital Group” at all times means jointly and severally Melbourne Capital Group Sdn Bhd (Melbourne Capital Group Sdn Bhd (Formerly known as Blueprint Planning Sdn Bhd) is licensed by Securities Commission Malaysia. Licence No. CMSL/A0254/2009) and Melbourne Capital Group Ltd (Melbourne Capital Group Limited is authorised and regulated by the Labuan Financial Services Authority as an insurance broker with licence number BS2021140.)

Yours faithfully,

Signature	:	Signature	:
Name	:	Name	:
Designation	:	Designation	:
Date	:	Date	:
CMSRL	:		

I/We hereby confirm the appointment of Melbourne Capital Group to act for me and to advise me in relation to the Engagement, and my acceptance of the Terms of Engagement and PDPA disclosure as stated above. I shall provide you with all the necessary information required for this engagement.

I/We hereby declare that the information provided in this form accurately represents my/our investment objectives, financial situation, and particular needs. I/We are not aware of any other information that may be relevant to the preparation of my/our Statement of Advice. I/We fully understand that a Statement of Advice or investment recommendation will be based on the information supplied in this form. In the event that I/We choose not to proceed with the provided advice, I/We acknowledge that the advice would have been formulated based on the information furnished herein.

Main Applicant		Joint Applicant (if applicable).	
Signature	:	Signature	:
Name	:	Name	:
Passport No./NRIC	:	Passport No./NRIC	:
Date	:	Date	:

