







**PART C (To be completed by Applicant)**  
**AUTHORISED SIGNATURE OF APPLICANT AND COMPANY STAMP**

We declare that the above information given is complete and true. We understand that any information withheld or false information subsequently discovered may lead to an immediate termination of the agreement and contract that we have with the Company.

Applicant's  
 Authorised Signature : ..... Company Stamp : .....

Name : ..... Designation : .....

NRIC No. : ..... Date : .....

**DOCUMENTS TO BE SUBMITTED TOGETHER WITH THE APPLICATION FORM**

A clear photocopy of:-

TYPE OF APPLICANT	DOCUMENTS TO BE SUBMITTED	CHECKLIST	
		APPLICANT	FOR OFFICE USE
COMPANY INCORPORATED UNDER THE COMPANIES ACT 1965	A certified true copy of: - i. Board Resolution ii. Memorandum and Articles of Association iii. Form 9, 24, 44 and 49 iv. Form 8, 11 and 13 (if applicable) v. Power of Attorney (if applicable)		
TRUST ACCOUNT a) Trust Account by individual Trustee(s)  b) Foundation/Trust Funds (Registered Fund) (Not incorporated pursuant to the Company's Act)	A certified true copy of: - i. Trust Deed ii. NRIC of the Trustee/Joint Trustee (NRIC of all Trustees if accounts is jointly opened by more than one Trustee)  i. Trust Deed ii. Certificate of Registered of Trust iii. Board Resolution iv. Power of Attorney (if applicable)		
SOCIETY REGISTERED UNDER THE SOCIETIES ACT 1966 OR CO-OPERATIVE SOCIETIES ACT 1948	A certified true copy of: - i. Constitution/By-Laws of the Society ii. Certificate of Registration iii. Resolution of Governing Body (i.e. Committee/Board)		
CORPORATIONS INCORPORATED BY AN ACT OF PARLIAMENT OR STATE ENACTMENT	A certified true copy of: - i. The Board/Investment Panel's Resolution ii. Power of Attorney (where applicable) iii. In respect of statutory body other than EPF, LUTH, SOCSO, LTAT, a copy of the Act/Enactment incorporating the said body		

**PART D (To be completed by Futures Broker Representatives)**

TA FUTURES SDN BHD

Date : .....

Dear Sirs,

Re : .....

I hereby request you to approve the application to open a trading account with TA Futures Sdn Bhd and to allow me to act as the Futures Broker Representative for the said applicant. As a Futures Broker Representative of TA Futures Sdn Bhd, I hereby confirm that all information given herewith by the said applicant is true and correct to the best of my knowledge. I further confirm that the applicant is known to me personally.

I shall keep you fully indemnified against any losses, damages, debts, interests, charges and all other costs and expenses incurred or suffered by you in relation to the trading account of the abovementioned applicant.

Signature of  
 Future Broker's  
 Representative : ..... FBR Code : .....

Name : ..... NRIC No. : .....

NRIC No. : .....

**PART E (To be completed by OPS)**

**TA FUTURES SDN BHD**

Date : .....

Dear Sirs,

Re: COMMISSION RATES FOR CLIENT

Kindly charge the client for the following commissions rates:

	Overnight		Spread		Day
FKLI	<input type="text"/> Per trade		<input type="text"/> Per trade		<input type="text"/> Per trade
FCPO	<input type="text"/> Per trade		<input type="text"/> Per trade		<input type="text"/> Per trade
FPKO	<input type="text"/> Per trade		<input type="text"/> Per trade		<input type="text"/> Per trade
Others	<input type="text"/> Per trade		<input type="text"/> Per trade		<input type="text"/> Per trade

Signature of  
Future Brokers  
Representative \_\_\_\_\_

**PART F (To be completed by OPS)**

Initial Deposit : .....

Recommended  Not Recommended

Recommended  Not Recommended

Signature (1) : .....

Signature (2) : .....

Name : .....

Name : .....

Date : .....

Date : .....

**PART G (To be completed by Approving Authority)**

Trading Limit : 1 Overnight or 2 Intra Day per margin deposit

Approved  Rejected

Approved  Rejected

Signature (1) : .....

Signature (2) : .....

Name : .....

Name : .....

Date : .....

Date : .....

**PART H (To be completed by OPS)**

Client Code :   
 Trading System  
 Clearing System  
 Back Office System  
FBR Code :

Remarks : .....

Updated by : .....

Checked by : .....

Name : .....

Name : .....

Date : .....

Date : .....

## ACCOUNT OPENING FORM CHECKLIST

FOR OFFICE USE ONLY

Items	Yes	No	Remarks
1 Check That The Opening Of The Clients Account Prior To Trading Is Signed & Approved By The Credit Committee.			
2 Check That The Compliance Officer Has Reviewed The Approval As Required By The BMDB Business Rule.			
3 Check That The Client Has Signed And Dated The Client Information Statement And Witnessed By A Licensed FBR.			
4 Check That The Client Had Filled Up The Client Information Statement eg:			
a) Corporate Registration Number.			
b) Registered Office Address.			
c) Contact Number.			
d) Bank Account Name And Number.			
e) Does The Client Has A Securities Trading Account.			
f) Clients Understand Futures Trading.			
g) Clients Understand Risk Of Loss.			
h) Clients Understand The Possibility Of Incurring A Deficit Balance.			
5 Check That The Client Has Filled Up The Person Whom He Authorized To Act On His Behalf.			
6 Check That The Designated Representative Authorised By The Client Is Not Acting On Behalf Of Other Clients.			
7 Check That The Client Has Dated and Signed Two Copies Of The Client Agreement.			
8 Check That The Authorized Signatory Has Written Down His/Her Name And IC Number On The Client Agreement.			
9 Check That The Two Copies Of Client Agreement Has Been Signed By The EDO and Witnessed By TAF.			
10 Has The Authorized Signatory Signed On The Risk Disclosure Statement To Indicate That He/She Has Received And Understood The Risk Associated With Trading Futures & Options.			
11 Check That The Client Had Indicated His Investment Objectives In Trading Futures & Options Contract.			
12 Check That The Directors, Designated Representative(s) And Personnel Authorized To Operate The Account's IC or Passport Has Been Attached To The Client Information Statement.			
13 Check DR Against Master List Of Designated Representative (MLDR) And Existing Client.			
14 For Corporate Clients, Check Whether The Documents Required Are In Order:-			
a) A Certified True Copy of Memorandum & Article of Association			
b) A Certified True Copy of Form 24 and Form 49			
c) Certified Copies of Audited Accounts / Annual Report Of The Client For The Last Two Years			
d) Board Of Director's Resolution or Special Resolution			
e) Name Of Personnel's Authorized To Operate The Trading Account			
15 Check Whether Any Position Limit Is Imposed On The Client Trading Account.			
16 For Employees And Directors Who Are Allowed To Trade, Check To Ensure The Following :			
a) Prior Written Consent By The Board Of Directors Is obtained.			
b) The Exchange Is Informed In Writing That Such Consent Is Given.			
c) The Consent From Board Of Directors Is Attached To The Client Agreement.			
17 Check Against Office of Foreign Assets Control (OFAC) list			

Checked By : \_\_\_\_\_

Date : \_\_\_\_\_

Reviewed By : \_\_\_\_\_

Date : \_\_\_\_\_