

UPDATE OF PARTICULARS

(Individual/Joint)

FULL NAME

ACCOUNT NUMBER

(Please tick the relevant boxes and fill in your new particulars. Together with this form, kindly submit the supporting documents mentioned in brackets.)

- ☐ Update Name (to include alias, if any): _____ (Copy of new Passport or NRIC/ID and Deed Poll)
- ☐ Update Passport / NRIC / ID number: _____ (Copy of new Passport or NRIC/ID)
- ☐ Update Nationality: _____ (Copy of new Passport)
- ☐ Do you hold another nationality? ☐ Yes, please specify: _____ (Copy of Passport)
☐ No
- ☐ Update 2nd Passport / NRIC / ID number: _____ (Copy of Passport/ID)

New Contact Details (*Please circle where appropriate)

For overseas contact number, please indicate country code + area code + contact number [e.g. (62) 21 12345678] according to IDD dialling standard.

- ☐ Home No.: () _____ [Add / Replace / Delete]*
- ☐ Mobile / Handphone No.: () _____ [Add / Replace / Delete]*
- ☐ Email Address: _____ [Add / Replace / Delete]*

New Address (Please provide a copy of supporting document within 3 months validity for every address stated below)

- ☐ Residential Address: (Please indicate as per supporting document provided) _____ Residential Status (Circle ONE): Own / Mortgage / Leased / Family
Postal Code: _____
- ☐ The above Residential Address is also my New Mailing Address
- ☐ Mailing Address: (If different from Residential Address, please indicate as per supporting document provided and state the reason below) _____
Postal Code: _____
- Reason for different mailing address: _____

New Employment Details (Please provide new office contact number when there is a change in employment)

Occupation: ☐ Licensed Rep/Remisier ☐ Professional/Manager/Executive/Technician ☐ Clerical/Unskilled-Worker ☐ Self-Employed/Businessperson
☐ Home-based Full-Time Trader ☐ Student ☐ Homemaker ☐ Retiree ☐ Seeking employment

Name of Business/Employer: _____

Job Title: _____ Office Number: () _____ [Add / Replace / Delete]*
☐ I work on my mobile number ☐ I do not have an office landline

Employer Address: _____

Nature of Business: _____

Current Annual Income: (Amount in SGD)

- ☐ Less than S\$30,000 ☐ S\$30,001 - S\$60,000 ☐ S\$60,001 - S\$100,000 ☐ S\$100,001 - S\$300,000 ☐ More than S\$300,000

Estimated Net Worth: (Including properties ownership, Amount in SGD)

- ☐ Less than S\$50,000 ☐ S\$50,001 - S\$100,000 ☐ S\$100,001 - S\$500,000 ☐ S\$500,001 - S\$2 Million ☐ More than S\$2 Million

Source of Wealth:

- ☐ Salary ☐ Share Dividends, Rental and Insurance payout ☐ Savings from Previous Employment
☐ Commission ☐ Investment proceeds ☐ Inheritance (Relationship to the source of the inheritance)
☐ Business Proceeds ☐ Family Allowance

Update Tax Information

I hereby declare and acknowledge that, any funds and/or assets placed now or subsequently provided by me from time to time to PNPL will at all times comply with all laws to which I am subject to, including but without limitation to all tax laws and regulations.

I hereby declare that I am:

☐ Singapore / Foreign Tax Investor

Please declare the countries in which you are a tax resident:

Country / Tax Identification Number ("TIN")

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☐ Not a tax resident of any country, please specify reason:

- ☐ Country does not issue TIN or equivalent.
- ☐ No TIN is required. Domestic law of the country/jurisdiction does not require disclosure of TIN.
- ☐ Unable to obtain TIN or equivalent (Please specify reason): _____

New Bank Details (Please provide a copy of Bank statement(s) when there is a change in Bank Account(s))

☐ Bank Country: _____ Bank Name: _____ A/C No.: _____ [Add / Replace / Delete]*

☐ Bank Country: _____ Bank Name: _____ A/C No.: _____ [Add / Replace / Delete]*

Update of Investment Knowledge and Experience

1. Educational Qualifications (Please indicate your highest education level and tick **only one** highest education level)

- ☐ Tertiary (Diploma / Degree or Higher) ☐ Secondary (O Levels / A Levels or Vocational Institute) ☐ Primary and below

Do you have a Diploma or higher qualification in the following? (Please tick **only one**)

- ☐ Accountancy ☐ Actuarial Science ☐ Business / Business Studies / Admin / Management
☐ Capital Markets ☐ Commerce ☐ Finance / Computational Finance / Financial Engineering
☐ Economics ☐ Financial Planning / Insurance ☐ None of the above

Do you have the following Professional finance-related qualification? (Please tick **only one**)

- ☐ Associate Financial Planner (AFP) ☐ Module 6A/8A/9A (CMFAS Exam) ☐ Certified Financial Technician (CFTe)
☐ Associate Wealth Planner (AWP) ☐ Certified Financial Planner (CFP) ☐ Chartered Financial Consultant (ChFC)
☐ Chartered Financial Analyst (CFA) ☐ Financial Risk Manager (FRM) ☐ Certified Public Accountant (CPA/ACCA)
☐ Chartered Alternative Investment Analyst (CAIA) ☐ Chartered Institute of Securities & Investment (CISI) ☐ None of the above

2. Investment Experience

Have you done 6 or more transactions in Listed Specified Investment Products ("SIP") which are listed or quoted on a futures market in the preceding 3 years? If 'Yes' please select the products:

☐ Yes ☐ No

- ☐ Futures ☐ Options ☐ Others: Please indicate _____

Have you done 6 or more transactions in Unlisted SIP which are traded Over-the-Counter (OTC) in the preceding 3 years? If 'Yes' please select the products:

☐ Yes ☐ No

- ☐ Spot FX for the purpose of leverage FX ☐ Contract for Differences (CFD) ☐ Bullion ☐ OTC Metals ☐ Others, please specify: _____

3. Work Experience

In the past 10 years, do you have at least 3 continuous years of **relevant**¹ work experience in the following areas? (Please tick **only one**)

¹ Support functions in the areas mentioned below that are administration or clerical in nature **will not** be considered as relevant experience.

- ☐ Work experience in actuarial science ☐ Work experience in accountancy
☐ Work experience in treasury ☐ Work experience in financial risk management activities
☐ Legal work experience in relevant financial areas ☐ None of the above
☐ Work experience relating to Investment Products – Performing the function/role of Development / Structuring / Management / Provision of Training / Research / Analysis / Sale / Trading

Please provide your period of employment (year to year) of applicable:

From (Year)	To (Year)

- ☐ I have personally completed and passed the SGX Online Education and Quiz (within past three years).
☐ I have personally undergone and passed the assessment by ABS-SAS on Foreign Exchange Margin Trading (within past one year).
☐ I have personally undergone and passed the assessment by ABS-SAS on Foreign Exchange Margin Trading **AND** Contracts For Difference (within past one year).

English Language Proficiency (Please tick where applicable)

English: ☐ Good ☐ Fair ☐ Poor ☐ None

Risk Profile and % of Investable Asset (Please tick where applicable)

Investment Objective: ☐ Capital Preservation* ☐ Income ☐ Growth ☐ Speculation
Risk Profile: ☐ Low / Conservative* ☐ Medium / Moderately Aggressive ☐ High / Aggressive
% of Investable Asset: ☐ Less than 25% ☐ 25% to 49% ☐ 50% to 75% ☐ Greater than 75%*

* Based on your declaration, some of the products that we offer may not be suitable for you.

Update of Beneficial Ownership

Unless indicated below, I/We, am/are the beneficial owner(s) and ultimately own or have effective control of this account.

(Please provide a copy of Beneficial Owner's Passport/NRIC)

Full Name as per ID/passport, including Aliases	NRIC/Passport No.	Contact No.	Relationship

Submission Checklist. Have you:

- ☒ Filled in the required fields?
☒ Signed against any amendments?
☒ Attached the required supporting documents?

Declaration And Signature

By providing, signing and submitting this form to Phillip Nova Pte. Ltd. (the “**Company**”), I/We agree and acknowledge that: (1) the Company is authorised to effect the information indicated on this form on all account(s) under my/our name; (2) all information and documentation declared and submitted to the Company, is true and accurate; and (3) I/We read and understood the terms and conditions of the Customer Trading Agreement, Product Disclosures, and Risk Warnings (available at the Company’s website) at all times.

 Signature of Client(s)

 Date

FOR OFFICIAL USE ONLY

Signature Verified by:

Approved By:

Updated By:

Date:

Date:

Date:

Remarks (if any):