

UPDATE OF PARTICULARS		(Individual/Joint)
NAME	ACCOUNT NUMBER	
<i>(Please tick the relevant boxes and fill in your new particulars. The supporting documents mentioned in brackets are to be produced when submitting this form.)</i>		
<input type="checkbox"/> Update Name _____	(Copy of new Passport or NRIC/ID and Deed Poll)	
<input type="checkbox"/> Update Passport / NRIC / ID _____	(Copy of new Passport or NRIC/ID)	
<input type="checkbox"/> Update Nationality _____	(Copy of new Passport or NRIC/ID)	
New Contact Details (*Please circle where appropriate)		
<i>For overseas contact number, please indicate country code + area code + contact number [e.g. (62) 21 12345678] according to IDD dialling standard</i>		
<input type="checkbox"/> Home No. () _____	[Add / Replace / Delete]*	
<input type="checkbox"/> Mobile / Handphone No. () _____	[Add / Replace / Delete]*	
<input type="checkbox"/> Email Address _____	[Add / Replace / Delete]*	
New Address (Please provide a copy of supporting document within 3 months validity for every address stated below)		
<input type="checkbox"/> Residential Address (As in Passport or NRIC/ID) _____	Residential Status: Own / Mortgage / Leased / Family * (Circle ONE)	
_____	Postal Code _____	
<input type="checkbox"/> The above Residential Address is also my New Mailing Address		
<input type="checkbox"/> Mailing Address (If different from Residential Address. Please state reason if Mailing Address is different from Residential Address) _____		
_____	Postal Code _____	
Reason for different mailing address _____		
New Employment Details (Please provide new office contact number when there is a change in employment)		
Designation _____	Name of Business/Employer _____	
Nature of Business _____	Office Number: () _____	[Add / Replace / Delete]*
Occupation	<input type="checkbox"/> Professional / Manager / Executive / Technician <input type="checkbox"/> Businessperson / Self-Employed <input type="checkbox"/> Licensed Rep Remisier / Broker <input type="checkbox"/> Home based / full time trader <input type="checkbox"/> Clerical / Unskilled-Worker	
Employer Address _____		
<input type="checkbox"/> I am presently Unemployed / Student / Homemaker / Retiree / Seeking Employment* (Please circle ONE)		
Annual Salary/Income (Amount in SGD)		
<input type="checkbox"/> Less than S\$30,000	<input type="checkbox"/> S\$30,001 - S\$60,000	<input type="checkbox"/> S\$60,001 - S\$100,000
<input type="checkbox"/> S\$100,001 - S\$300,000	<input type="checkbox"/> More than S\$300,000	
Estimated Net Asset (including properties ownership, Amount in SGD)		
<input type="checkbox"/> Less than S\$50,000	<input type="checkbox"/> S\$50,001 - S\$100,000	<input type="checkbox"/> S\$100,001 - S\$500,000
<input type="checkbox"/> S\$500,001 - S\$2 Million	<input type="checkbox"/> More than S\$2 Million	
Source of Wealth		
<input type="checkbox"/> Salary / Commission	<input type="checkbox"/> Share Dividends / Rental / Insurance pay-out, Investment proceeds	
<input type="checkbox"/> Business Proceeds	<input type="checkbox"/> Family Allowance	
<input type="checkbox"/> Savings from previous employment	<input type="checkbox"/> Inheritance (Please specify source) _____	
New Bank Details (Please provide a copy of Bank statement(s) when there is a change in Bank Account(s))		
<input type="checkbox"/> Bank Country: _____	Bank Name: _____	A/C No.: _____ [Add / Replace / Delete]*
<input type="checkbox"/> 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 (Please tick <u>only one</u> highest education level))		
<input type="checkbox"/> Tertiary (Diploma/Degree/Higher)	<input type="checkbox"/> Secondary (O/A Levels or Vocational Institute)	<input type="checkbox"/> Primary and below
Do you have a Diploma or higher qualification in the following? (Please tick <u>only one</u>)		
<input type="checkbox"/> Accountancy	<input type="checkbox"/> Actuarial Science	<input type="checkbox"/> Business / Business Studies / Administration / Management
<input type="checkbox"/> Capital Markets	<input type="checkbox"/> Commerce	<input type="checkbox"/> Finance / Computational Finance / Financial Engineering
<input type="checkbox"/> Economics	<input type="checkbox"/> Financial Planning / Insurance	<input type="checkbox"/> None of the above

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Associate Financial Planner (AFP) | <input type="checkbox"/> Module 6A/8A/9A (CMFAS Exam) | <input type="checkbox"/> Certified Financial Technician (CFTe) |
| <input type="checkbox"/> Associate Wealth Planner (AWP) | <input type="checkbox"/> Certified Financial Planner (CFP) | <input type="checkbox"/> Chartered Financial Consultant (ChFC) |
| <input type="checkbox"/> Chartered Financial Analyst (CFA) | <input type="checkbox"/> Financial Risk Manager (FRM) | <input type="checkbox"/> Certified Public Accountant (CPA/ACCA) |
| <input type="checkbox"/> Chartered Alternative Investment Analyst (CAIA) | <input type="checkbox"/> Chartered Institute of Securities & Investment (CISI) | <input type="checkbox"/> 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 Specified Investment Products (“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 indicate _____

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.

- | | |
|---|--|
| <input type="checkbox"/> Work experience in actuarial science | <input type="checkbox"/> Work experience in accountancy |
| <input type="checkbox"/> Work experience in treasury | <input type="checkbox"/> Work experience in financial risk management activities |
| <input type="checkbox"/> Legal work experience in relevant financial areas | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Development / Structuring / Management / Provision of Training / Research / Analysis / Sale / Trading of investment products | |

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

From (Year)	To (Year)

- I have personally completed and passed the SGX Online Education and Quiz.
 I have personally undergone and passed the assessment by ABS-SAS on Foreign Exchange Margin Trading.
 I have personally undergone and passed the assessment by ABS-SAS on Foreign Exchange Margin Trading **AND** Contracts For Difference

English Language Proficiency (Please tick where applicable)

English: Good Fair Poor NA

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

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)

Name	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. (“PNPL”), I/We agree and consent that: (1) I/We hereby authorize PNPL to update the particular indicated on this form, and the update will be applicable on all account(s) under my/our name; (2) I/We declare that the information and documentation submitted to PNPL, is true and accurate; and (3) By providing the information herein, I/We consent to PNPL’s collection, usage, disclosure of my/our personal data to the authorised service provided and relevant 3rd parties for the purpose reasonably required to provide products and/or services to me/us.

Signature of Client(s)

Date

FOR OFFICIAL USE ONLY

Signature Verified by:

Approved By:

Updated By:

Date:

Date:

Date:

Remarks (if any):