REQUEST FOR OPT-OUT FROM E-STATEMENTS

To: **Broking Ops-Account Management**
AmInvestment Bank Berhad ("AmIB" or "the Bank")

Date: _____ HQ / BRANCH : _____

Client Code : _____

Client Name : _____

* **On behalf of my above client who / I / We, would like to request for Opt-out from AmIB's e-Statement and continue to receive physical copy of statements from the Bank due to the following reason:**
(Please tick the appropriate reason(s) stated below)

	Client aged 65 years old and above
	Client with disabilities
	Client without internet access or poor internet connectivity
	Client who are technology illiterate
	Others:

In line with * my/ our above request, * I / we / my client acknowledged and agreed that:

a) The requested physical copy of statements shall be sent to my / our / my client's correspondence address maintained with the Bank;

b) Opt-out monthly fee may be charge by the Bank from time-to-time

c) The delivery of statements shall as per the Terms & Conditions duly accepted by me/us/ my client upon opening of Trading Account with AmIB.

** to strikeout whichever not applicable*

_____ Signature of Client / Authorized Signatories (AS)

Name of AS: _____
(*applicable to Corporate Account only, please affix Company rubber stamp/common seal as per Board Resolution*)

_____ Signature of CMSRL / ISO
(request on behalf of client)
CMSRL/ISO Name: _____

CMSRL/ISO Code: _____

Signature Verified By:		**Approved By:** (Brk Ops -SE & above)	
Name & Date		Name & Date	
Data Entry By:		**Checked By:**	
Name & Date		**Name & Date:**	