

CRT:

UBB Amanah Berhad
B-G-9, Galeria Hartamas,
No. 21, Jalan 26/70A,
Desa Sri Hartamas,
50480 Kuala Lumpur.

Dear Sir,

RE: Crisis Trust Application Form

I, _____ (NRIC/Passport NO: _____)
would like to establish Crisis Trust with UBB for the amount of RM _____.

Particular of my details and appointed beneficiary(ies) as below:

APPLICANT/DONOR

ADDRESS : _____

CONTACT : (HSE) _____ (HP) _____ (O) _____

EMAIL : _____

OCCUPATION : _____ NATURE OF BUSINESS: _____

SOURCE OF INCOME : _____

FIRST BENEFICIARY

NAME : _____

NRIC/PASSPORT NO : _____ RELATIONSHIP : _____ PERCENTAGE : _____

CONTACT : (HSE) _____ (HP) _____ (O) _____

EMAIL : _____

SECOND BENEFICIARY

NAME : _____

NRIC/PASSPORT NO : _____ RELATIONSHIP : _____ PERCENTAGE : _____

CONTACT : (HSE) _____ (HP) _____ (O) _____

EMAIL : _____

Note: Total percentage of all beneficiary(ies) must equal to 100.

NEXT OF KIN / CONTACT PERSON IN THE EVENT OF DEATH

NAME : _____

NRIC/PASSPORT NO : _____ RELATIONSHIP : _____

CONTACT : (HSE) _____ (HP) _____ (O) _____

EMAIL : _____

Please deposit my annual projected profit share to the bank account details as below:

Bank Name: _____

Account Name: _____

Account Number: _____

The following documents as enclosed (please tick for each documents obtained):

- ☐ Copy of Applicant, Beneficiary(ies) and Next of Kin's NRIC/Passport (Front and Back)
- ☐ Copy of bank statement/passbook (banking details for annual projected profit share)
- ☐ Copy of the cheque Image and cheque deposit slip or
- ☐ Copy of the payment transaction slip (GIRO/RENTAS)

I hereby declare that the payment made payable to UBB Amanah Berhad is from

- ☐ my Personal or Joint Bank Account; or
- ☐ a Third Party (If you have ticked this box, please complete the Third Party Declaration Form)

I certify that the information supplied by me in this application form is true and accurate.

I also undertake that I will give UBB the application form and Trust Deed duly signed as soon as possible.

Thank you.

(Client's signature)

Name:

NRIC:

Date:

IN THE PRESENCE OF :

Name: _____

NRIC: _____