



**APPLICATION FOR SHARE MARGIN FINANCING**

**A. PERSONAL PARTICULARS**

NAME OF APPLICANT: \_\_\_\_\_ NRIC NO: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ TEL NO: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_

**B. EMPLOYMENT / BUSINESS**

SELF EMPLOYED: YES / NO  
NAME OF EMPLOYER / BUSINESS: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
NATURE OF BUSINESS: \_\_\_\_\_ TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
POSITION / TITLE: \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_  
MONTHLY INCOME: \_\_\_\_\_ MONTHLY EXPENSES: \_\_\_\_\_

**C. AMOUNT OF MARGIN FINANCING APPLIED FOR**

AMOUNT OF MARGIN FINANCING APPLIED FOR: \_\_\_\_\_

**D. SECURITY OFFERED**

QUOTED SHARES	COUNTER	NO OF UNIT	VALUE (RM)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RHB BANK FIXED DEPOSIT & MATURITY DATES: \_\_\_\_\_ CASH \_\_\_\_\_  
TOTAL VALUE OF SECURITY: \_\_\_\_\_

**E. CREDIT FACILITY (IES) WITH RHB BANK / OTHER FINANCIAL INSTITUTIONS**

FINANCIAL INSTITUTION	ACCOUNT NO	LOAN AMOUNT	REPAYMENT AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY DECLARE THAT :  
I AM NOT A BANKRUPT.  
I CONFIRM THAT ALL INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETE AND I HAVE NOT WITHHELD ANY INFORMATION THAT PREJUDICES MY APPLICATION.  
I AUTHORIZE YOU OR YOUR REPRESENTATIVE TO OBTAIN INFORMATION RELATIVE TO THIS APPLICATION FROM ANY SOURCE.  
I UNDERSTAND THAT YOU RESERVE THE RIGHT TO REJECT THE APPLICATION AT YOUR SOLE DISCRETION WITHOUT STATING ANY REASON WHATSOEVER.  
I CONFIRM THAT MY IMMEDIATE FAMILY MEMBERS, AS DEFINED UNDER SECTION 62 OF BANKING & FINANCIAL INSTITUTION ACT 1989 ARE NOT UNDER YOUR EMPLOYEMENT.  
I HEREBY IRREVOCABLY AUTHORISE AND PERMIT THE BANK TO DISCLOSE ANY INFORMATION ON ME AND THE BANKING FACILITY TO BANK NEGARA MALAYSIA, CAGAMAS BERHD, THE CENTRAL CREDIT BUREAU AND SUCH OTHER AUTHORITIES PERSUANT TO ANY APPLICABLE LAWS, REGULATIONS OR DIRECTIVES (WHETHER HAVING THE FORCE OF LAW OR OTHERWISE) MUTATIS MUTANDIS FOR ANY PURPOSE (INCLUDING BUT NOT LIMITED TO THE ASSESSMENT OF MY CREDIT WORTHINESS BY THE BANK OR ANY OTHER AUTHORISED OR LICENSED ENTITY) AND IN ANY MANNER AS MAY BE APPROPRIATE BY THE AFORESAID AUTHORITIES.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
REFERRAL/REMISIER: \_\_\_\_\_ STAFF ID: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
SIGNATURE OF REFERRAL: \_\_\_\_\_ VERIFICATION BY B.BROKING: \_\_\_\_\_