

QUESTIONNAIRE FOR AUTHORIZED PERSON OF THE COMPANY



Certificate No.

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Company Registration No.

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IMPORTANT NOTICE:

1. Form to be completed by the Appointed Authorized Person of the Company/Organization.
2. You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the certificate if issued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

Name of Person Covered: _____

(A) Please enclose the following documents with this Questionnaire:-

- Form 8 - Certificate of Incorporation for Public Company or Form 9 - Certificate of Incorporation for Private Company
- Form 24 - Return of Allotment of Shares (Latest)
- Form 49 - Return giving particulars in register of directors, managers and secretaries and changes of particulars (Latest)
- Authorization letter from the Company or resolution from Board of Directors for the appointed Authorized Person
- Clear copy of NRIC / Passport of the Authorized Person

**If the Company/Organization is a Bank, please submit this form together with item v.

(B) Does the Company have any other Beneficial Owner(s) in addition to those already listed in Forms 24 and / or Form 49 enclosed in this Questionnaire?

Yes (please give full details below) No

Note: "Beneficial Owner" of the Proposer refers to person(s) who ultimately owns or controls the Proposer and / or the person on whose behalf a business relation are established. It also includes a natural person who exercises ultimate effective control over the Proposer. "Ultimately owns or controls" or "ultimate effective control" refers to situation in which ownership or control is exercised through a chain of ownership or by means of control other than direct control.

1. (a) Name of Company / Name of Natural Person:

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(b) Company Registration No. / NRIC / Passport No.

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(c) Passport Expiry Date

		/			/				
Day			Month			Year			

2. (a) Name of Company / Name of Natural Person:

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(b) Company Registration No. / NRIC / Passport No.

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(c) Passport Expiry Date

		/			/				
Day			Month			Year			

(C) Details of the Authorized Person

Note: "Authorized Person" refers to natural person authorized by the Company to act on its behalf in establishing business relations with Great Eastern Takaful Berhad.

1. (a) Full Name (including aliases, if any):

(b) Gender: Male Female

(c) Date of Birth:

		/			/				
Day			Month			Year			

(d) ID Type: NRIC Passport

(e) Passport Expiry Date

		/			/				
Day			Month			Year			

(f) NRIC / Passport No.

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(g) Nationality:

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CSD-QAPFA-V01-082023-TAKAFUL

Certificate No.

(h) Current Residential Address of Authorized Person:

Postcode					Town																																		
Country																																							

(i) Current mailing address of Authorized Person. (Please only complete if different from your residence address):

Postcode					Town																																		
Country																																							

(j) Occupation Type:

(k) Tel.No. (Office)

Country Name + - -

Tel.No. (Mobile)

Country Name + - -

Tel.No. (Home)

Country Name + - -

PERSONAL DATA PROTECTION NOTICE

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at greateastertakaful.com.

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-13-8338, or write to the Takaful Operator at i-greatcare@greateastertakaful.com.

DECLARATION OF AUTHORIZED PERSON

I hereby confirm and represent to Great Eastern Takaful Berhad, its related corporations (collectively the "Takaful Operators"), as well as their respective representatives and agents ("Representatives") that each of the Beneficial Owners and Authorized Person have agreed and consented to the disclosure of their personal data to the Takaful Operators and their Representatives, and further, that for the Takaful Operators and Representatives' collection, use and / or disclosure of the personal data of the Beneficial Owners and Authorized Person, and disclosing such personal data to the Takaful Operators' authorized service providers and relevant third parties for purposes reasonably required by the Takaful Operators to evaluate our proposal and to provide the products or services which we are applying for.

I declare that the information I have given in this Questionnaire are true and accurate, and I have not withheld any material information.

Signature of Authorized Person with Designation
and Company Stamp

Date / /
Day Month Year

**Please submit a clear copy of NRIC/Passport of the Authorized Person