



辉立资金管理有限公司

PHILLIP CAPITAL MANAGEMENT (S) LTD

A member of PhillipCapital

Accredited Investor Opt-Out Form (For Existing Accredited Investors)

I/We (the “**Accredited Investor**”) confirm that I/we no longer wish to be treated as an accredited investor as defined in section 4A of the SFA in respect of all of my/our transactions with **Phillip Capital Management (S) Ltd** after seven (7) working days from the date of submitting this form.

I/We agree, accept, and understand that in completing, signing, and returning this form to **Phillip Capital Management (S) Ltd**, you may no longer be able to offer certain investment products to me/us for subscription or purchase. I/We also acknowledge and accept that my/our existing investments with you will not be affected.

Personal Information (For Individuals)

Please fill in all the fields below if you are an individual.

Name (as per NRIC/passport) : _____

NRIC/Passport Number : _____

Signature
Name:

Date

Personal Information (For Individual Joint Account Holders)

Please fill in all the fields below if you are an individual that holds a joint account with the Accredited Investor.

Name (as per NRIC/passport) : _____

NRIC/Passport Number : _____

Name of Joint Account Holder (AI) : _____

NRIC/Passport Number of Joint Account Holder : _____

Account Number : _____

Signature
Name:

Date



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Personal Information (For Corporations)

Please fill in all the fields below if you represent a corporation.

Corporation Name : _____

Unique Identification Number : _____

Registered Office Address and Principal Place of Business (if different) : _____

Place of Incorporation /Registration : _____

Date of Incorporation /Registration : _____

Legal Form of Corporation : _____

Name of Representative (as per NRIC/Passport) : _____

NRIC/Passport Number of Representative : _____

Position of Representative: : _____

Contact Number of Representative : _____

Email Address of Representative : _____

Signature
Date:
Representative's Name:

Signature
Date:
Representative's Name:

Company Stamp:

For Official Use Only

Signature
Checked by
Name:
Email Address

Signature
Approved by
Name:
Email Address: