

**ANTI-MONEY LAUNDERING AND COUNTERING FINANCING OF TERRORISM (AML/CFT)
DECLARATION FORM - VENDOR**

Instructions to the declarer: Please provide the information and documents requested in this form in compliance with the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 ("AMLA") in Malaysia. Please ensure that the form is completed and signed. Kindly also attach all relevant documents referred to in the Document Checklist prior to returning the form.

INFORMATION AND DOCUMENTS TO BE PROVIDED BY COMPANY

SOURCE OF FUND/ WEALTH (FINANCIAL PORTFOLIO)	<input type="checkbox"/> CASH	<input type="checkbox"/> STOCKS/INVESTMENTS
	<input type="checkbox"/> FINANCING FACILITIES	<input type="checkbox"/> OTHERS: _____
1 COMPANY NAME	<input type="text"/>	
2 BUSINESS REGISTRATION NO.	<input type="text"/>	
3 BUSINESS ADDRESS	<input type="text"/>	
4 MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	<input type="text"/>	
5 CONTACT DETAILS	MOBILE NO.:- _____ OFFICE NO.:- _____	EMAIL ADDRESS: _____
6 PURPOSE OF TRANSACTION	<input type="text"/>	
7 DOCUMENT CHECKLIST	PLEASE TICK	
a) COMPANY PROFILE	<input type="checkbox"/>	
b) SSM	<input type="checkbox"/>	
c) Others	<input type="checkbox"/>	

DECLARATION

We are fully aware of the provisions of the AMLA and hereby declare that all information give hereunder is true and accurate to my best knowledge and further assure that all source of funds/wealth are legitimate. It is further agreed that we shall, upon request by Institut Jantung Negara Sdn. Bhd. ("IJNSB"), to provide all relevant documents to verify, including but not limited to our identity, domicile, legal capacity, occupation and other required information. We further agree and hereby undertake that we shall on demand pay and make good to IJNSB the amount of all loss, damage and expense which may be sustained or incurred by the same in respect of any contravention of any provisions of AMLA caused by us.

SIGNATURE: _____	
NAME: _____	COMPANY STAMP: _____
POSITION: _____	DATE: _____

FOR OFFICE USE/ WITNESS INFORMATION

RECEIVER NAME: _____	WITNESS NAME: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____

For any inquiries, please call 03-2617 8976/3120/3269 or email to complianceunit@ijn.com.my