

2. INVESTMENT EXPERIENCE

Have you traded a total of at least 6 transactions in any of the following investment products in the preceding three years?

Yes, I have traded a minimum of six transactions in the following over the preceding three years.

<input type="checkbox"/> Listed SIPs* <ul style="list-style-type: none"> <input type="checkbox"/> Certificates <input type="checkbox"/> Futures <input type="checkbox"/> Covered / Structured Warrants or Options <input type="checkbox"/> Exchange Traded Funds <input type="checkbox"/> Exchange Traded Notes <input type="checkbox"/> Callable Bull / Bear Contracts 	<input type="checkbox"/> Unlisted SIPs (Group 1) <ul style="list-style-type: none"> <input type="checkbox"/> Contract for Difference <input type="checkbox"/> Leveraged Foreign Exchange <input type="checkbox"/> Over-the-counter structured notes (Equity Linked Notes, Fixed Coupon Notes, Accumulator, etc) <input type="checkbox"/> Over-the-counter bonds 	<input type="checkbox"/> Unlisted SIPs (Group 2) <ul style="list-style-type: none"> <input type="checkbox"/> Unit Trust / Mutual Fund <input type="checkbox"/> Investment-linked Products (ILPs)
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*Note: The types of investment products that may be classified as listed SIP may change from time to time by MAS.

Kindly provide details below:

Type of Product	Name of Financial Institution	Most Recent Year of Transactions

No, I have not traded a minimum of six transactions in any of the above listed investment products over the preceding three years.

3. WORK EXPERIENCE

Do you have a minimum of three continuous years of relevant* working experience in the preceding ten years in the following areas? (*Support functions that are administration or clerical in nature will not be considered as relevant experience.)

Yes, I have working experience in the following area(s):

- | | |
|--|---|
| <input type="checkbox"/> Management of investment products | <input type="checkbox"/> Development / Structuring of investment products |
| <input type="checkbox"/> Sale / Trading of investment products | <input type="checkbox"/> Research / Analysis of investment products |
| <input type="checkbox"/> Provision of training in investment products | <input type="checkbox"/> Work experience in accountancy |
| <input type="checkbox"/> Work experience in actuarial science | <input type="checkbox"/> Work experience in treasury |
| <input type="checkbox"/> Work experience in financial risk management activities | <input type="checkbox"/> Provision of legal advice in any of the listed areas |

If you have selected any of the above, kindly provide details below:

Designation	Name of Company	Period of Service	
		From (MM/YYYY)	To (MM/YYYY)

No, I do not have a minimum of three continuous years of relevant working experience in the areas listed above.

4. SGX ONLINE EDUCATION PROGRAMME (Applicable to Listed SIPs only)

Have you personally undergone and passed the SGX Learning Module? (<https://onlineeducation.sgx.com/specifiedinvestmentproducts>)

Yes, my score is _____%. No.

How many attempts did you make before you passed the SGX Learning Module?

1st attempt. More than one attempt. Score of previous attempt _____%.

Have you previously been refused by any financial institution to open account to trade in SIPs? Yes. No.

5. ABS-SAS e-LEARNING MODULE (Applicable to Unlisted SIPs only)

Have you personally undergone and passed the ABS-SAS e-Learning Module? (<http://sips.abs.org.sg/>) Yes. No.

Indicate email address used to enroll in ABS-SAS e-Learning Module: _____

Please indicate which module you have passed and provide us a copy of the Certificate:

- | | |
|---|--|
| <input type="checkbox"/> Contracts for Difference | <input type="checkbox"/> Foreign Exchange Margin Trading |
| <input type="checkbox"/> Structured Products | <input type="checkbox"/> Unit Trust and Investment-linked Insurance Policies |

How many attempts did you make before you passed the ABS-SAS e-Learning Module?

1st attempt. More than one attempt.

Have you previously been refused by any financial institution to open account to trade in Unlisted SIPs? Yes. No.

DECLARATION

- I hereby declare that all the information provided in this form is correct, true and accurate and I have not withheld any material fact and information.
- I acknowledge that this form is strictly for the purpose of enabling UOBKH to assess whether I have the knowledge or experience to trade listed and/or unlisted SIPs.
- I acknowledge that any inaccurate or incomplete information provided by me may adversely affect the outcome of the assessment.

Signature of Applicant

Date

For Office Use Only

Signature Verified By / Date: _____ Reviewed By / Date: _____ Data Entry By / Date: _____ Approved By / Date: _____

Products	Item	A/C No.	Approval	Products	Item	A/C No.	Approval
<input type="checkbox"/> CAR (Listed SIPs)			Y / N	<input type="checkbox"/> CKA (OTC)			Y / N
<input type="checkbox"/> CKA (CFD)			Y / N	<input type="checkbox"/> CKA (Unit Trust)			Y / N
<input type="checkbox"/> CKA (LFX)			Y / N				