



INVESTMENT FUNDS BERHAD 199501004999 (334195-K)

Level 13, Menara IQ, Lingkaran TRX, Tun Razak Exchange, 55188 Kuala Lumpur

Tel:603-9767 6000 Fax: 603-9767 6001

Website: www.kaf.com.my

Purchase Form (Individual)

In compliance with the Capital Markets and Services Act 2007, this Purchase Form should not be circulated unless accompanied by the relevant master prospectus(es)/ prospectus(es) and its supplementary(ies) (if any) [collectively shall be referred to as Disclosure Document]. Investor(s) should read and understand the contents of the Disclosure Document.

Please complete in BLOCK LETTERS only, and tick(✓) where applicable. For first time investor(s), please fill up the Account Opening Form to be submitted with this Purchase Form. KAF Investment Funds Berhad shall be referred to as **KAF IF** in this Purchase Form.

1. PARTICULARS OF INDIVIDUAL/PRINCIPAL APPLICANT

Name of Individual/Principal Applicant	
(as per NRIC / Passport /Others)	
New NRIC No. / Passport No / Others	
Handphone No. (mobile)	
Email Address	

Nationality or Citizenship (please select whichever applicable)

☐ Malaysian Citizen	Permanent Resident Status of a Country OUTSIDE Malaysia	Length of Time Residing Outside Malaysia	Residency Status
	☐ No	N/A	☐ Resident
	☐ Yes	☐ ≥ 182 days^ ☐ < 182 days^	☐ Non-Resident ☐ Resident
☐ Non-Malaysian Citizen	Permanent Resident Status IN Malaysia	Length of Time Residing Outside Malaysia	Residency Status
	☐ No	N/A	☐ Resident
	☐ Yes	☐ ≥ 182 days^ ☐ < 182 days^	☐ Resident ☐ Non-Resident

^ Computation of 182 days is based on per calendar year and need not be on a continuous basis. Per calendar year means from 1 January 202X to 31 December 202X.

Country of Origin (Mandatory for Non-Malaysia or PR Outside Malaysia to declare)	
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Employment Status

☐ Employed ☐ Self-employed ☐ Unemployed

Source of Funds for Investment

☐ Salary ☐ Business Income ☐ Pension funds / Retiree

(please tick on the applicable item and provide the necessary information)

(a) Name of employer (employed) / Business (self-employed) / Name of previous employer (retiree)

(b) Nature of business of the entity named in (a)

(c) Name of pension fund

☐ Income from investment

(e.g. derived from investment in capital market products such as bonds, shares, mutual funds or sales or assets/property/rental income)

☐ Inheritance

Estimation amount:

☐ Support from parents/spouse

Estimation amount:

☐ Others

Please specify :

2. PARTICULARS OF JOINT APPLICANT

Name of Joint Holder	
(as per NRIC / Passport /Others)	
New NRIC No. / Passport No / Others	
Handphone No. (mobile)	
Email Address	

Nationality or Citizenship (please select whichever applicable)

☐ Malaysian Citizen	Permanent Resident Status of a Country OUTSIDE Malaysia	Length of Time Residing Outside Malaysia	Residency Status
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	☐ Yes	☐ ≥ 182 days^ ☐ < 182 days^	☐ Non-Resident ☐ Resident
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Country of Origin (Mandatory for Non-Malaysia or PR Outside Malaysia to declare)	
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3. DETAILS OF INVESTMENT APPLICATION

Fund Name	*Plan	Amount (RM)	Investment Type	
1.			☐ Current	☐ Additional
2.			☐ Current	☐ Additional
3.			☐ Current	☐ Additional
* Note: C - Cash Plan / E - EPF Plan		TOTAL		

Payment Mode for investment :

- ☐ Online Transfer ☐ Telegraphic Transfer ☐ EPF Investment Scheme ("EPF")
☐ Cheque (Bank _____ No. _____)

Note:

- Cheque should be crossed and made payable to "KAF Investment Funds Berhad". You should write your full name and NRIC No. on the back of each cheque. The cheque(s) and the remittance advice slip must be attached with this Purchase Form.
- Sending cash or transfer money to any unit trust consultant is prohibited and any payment made by a third party other than applicant or account holders is not allowed.**

4. LOAN FINANCING RISK DISCLOSURE STATEMENT

Investing in a unit trust fund with borrowed money is more risky than investing with your own savings. You should assess if loan financing is suitable for you in light of your objectives, attitude to risk and financing circumstances. You should be aware of the risk, which would include the following:-

- (i) The higher the margin of financing (that is, the amount of money you borrow for every ringgit of your own money which you put in as deposit or down payment), the greater the loss or gains on your investment.
- (ii) You should assess whether you have the ability to service the repayments on the proposed loan. If your loan is a variable rate loan, and if interest rates rise, your total repayment amount will be increased.
- (iii) If unit prices fall beyond a certain level, you may be asked to provide additional acceptable collateral (where units are used as collateral) or pay additional amount on top of your normal installments. If you fail to comply within the prescribed time, your units may be sold towards the settlement of your loan.
- (iv) Returns on unit trusts are not guaranteed and may not be earned evenly over time. This means that there may be some years where returns are high and other years where losses are experienced. Whether you eventually realise a gain or incur loss may be affected by the timing of the sale of your units. The value of units may fall just when you want your money back even though the investment may have done well in the past.

This brief statement cannot disclose all the risks and other aspects of loan financing. You should therefore carefully study the terms and conditions before you decide to take a loan. If you are in doubt of any aspect of this Risk Disclosure Statement or the terms of the loan financing, you should consult the institution offering the loan.

5. DECLARATIONS & SIGNATURES

- I/We acknowledge that I/We have received, read and understood the Disclosure Document for the fund(s) to be invested in, the terms and conditions of this Purchase Form and I/We undertake to be bound by them for my/our initial and subsequent transactions with KAF IF.
- I/We acknowledge that I / We have read and understood the contents of the investment Loan Financing Risk Disclosure Statement.
- I/We acknowledge that I am / We are aware of the fees and charges that I/We will incur directly or indirectly when investing in the fund(s). I/We also acknowledge that fees and charges payable to KAF IF and the trustee are subject to any tax as may be imposed by the government or other authorities from time to time.
- I/We acknowledge and agree that KAF IF reserves the right to accept or reject the application in whole or part without assigning any reasons in respect thereof. I am/We are aware that KAF IF may initiate any form of communications to verify and/or validate the application and I/We will provide the confirmation as required within the prescribed timeframe.
- I/We acknowledge that confirmation advices, statements and other documents shall be sent to my/our latest address as notified to KAF IF and shall be at my/our own risk. In the event that I/We fail to notify KAF IF in writing of any discrepancy in the confirmation advice and/or statement within 90 calendar days from the date of issuance, I/We shall be deemed to have waived any right to raise any objection or to pursue any remedies against KAF IF for such case.
- I/We undertake to be bound by the provisions of the documents constituting the fund(s) subscribed to as if I was / We were a party thereto.
- I/We do declare and represent that as at the date hereof, I am / We are not an undischarged bankrupt nor has any petition for bankruptcy been filed against me/us.
- I/We hereby declare and acknowledge that I/We have sole legal and proprietary right over all monies accompanying this application. I/We further confirm that all monies paid or to be paid to KAF IF come from lawful source and not from unlawful activities.
- I/We hereby agree to indemnify KAF IF against all actions, suits, proceedings, claims, damages and losses which may be suffered by KAF IF in connection with or in any manner out of KAF IF acting or on my/our instruction(s) as stated above and any inaccuracy of the instruction(s) including as a result of any inaccuracy of the declarations herein.

Name of Individual/Principal Applicant

Name of Joint Applicant

Date: _____

Date: _____

Important: Pre-signing of forms relating to investments is strictly prohibited.

6. FOR DISTRIBUTOR AND SALES & MARKETING USE ONLY

Submitted by:	Attended by Sales & Marketing:
Name:	Name:
UTC Code:	
Date:	Date:

7. FOR OFFICE USE ONLY

Account No. _____	Trans. No. _____	Price (RM) _____
Processed by:	Checked by:	
Name:	Name:	
Date:	Date:	



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**Repurchase (Redemption)
/ Cooling-Off Form
(Individual)**

Serial no: RD A

Investor(s) must read and understand the contents of the relevant master prospectus(es)/ prospectus(es) and its supplementary(ies) (if any) [collectively shall be referred to as Disclosure Document] regarding the terms and conditions on repurchase (redemption) of units and/or cooling-off transaction(s).

Please complete in BLOCK LETTERS only, and tick(✓) where applicable. KAF Investment Funds Berhad shall be referred to as **KAF IF** in this Repurchase (Redemption) / Cooling-Off Form.

1. PARTICULARS OF INDIVIDUAL/PRINCIPAL APPLICANT

Name of Individual/Principal Applicant	
(as per NRIC / Passport /Others)	
New NRIC No. / Passport No / Others	
Handphone No. (mobile)	
Email Address	

2. PARTICULARS OF JOINT APPLICANT

Name of Joint Holder	
(as per NRIC / Passport /Others)	
New NRIC No. / Passport No / Others	
Handphone No. (mobile)	
Email Address	

3. DETAILS OF REPURCHASE

Note:

- Please refer to the minimum repurchase of units of the respective funds as stated in the Disclosure Document.
- If following a repurchase request leaves you with less than the minimum investment balance as stated in the Disclosure Document, KAF IF has the option to liquidate the balance of the units held in your fund's account and forward the proceeds to you accordingly.

REPURCHASE		
Fund Name	No of Units	Amount in RM
1.		
2.		
3.		
TOTAL:		

4. DETAILS OF COOLING-OFF REQUEST

Note: Partial cooling-off request is NOT accepted.

COOLING-OFF	
Fund Name	Amount in RM
1.	
2.	
3.	
TOTAL:	

5. BANK ACCOUNT DETAILS FOR REDEMPTION PAYMENT

Note: For Joint Account, both Principal Applicant and Joint Applicant are required to sign this Repurchase (Redemption) / Cooling-Off Form should the proceeds to be credited into a single account.

Bank Name:	
Bank Account Holder Name:	
Type of Account:	☐ Current ☐ Saving
Account Number:	
Account Ownership:	☐ Single ☐ Joint

6. DECLARATIONS & SIGNATURES

- I/We acknowledge that I/We have read and understood the Disclosure Document for the fund(s) before completing and signing this Repurchase (Redemption) / Cooling-Off Form and I/We agree to abide by the terms and conditions in relation to repurchase of units and/or cooling-off transaction(s).
- (For Joint Accounts), In the absence of written explicit instructions, I/We acknowledge that instruction(s) to repurchase/cooling-off must be given by both of us.
- I/We acknowledge and agree that KAF IF reserves the right to accept or reject the application in whole or part without assigning any reasons in respect thereof. I am/We are aware that KAF IF may initiate any form of communications to verify and/or validate the application and I/We will provide the confirmation as required within the prescribed timeframe.

- I/We acknowledge that confirmation advices, statements and other documents shall be sent to my/our latest address as notified to KAF IF and shall be at my/or own risk. In the event that I/We fail to notify KAF IF in writing of any discrepancy in the confirmation advice and/or statement within 90 calendar days from the date of issuance, I/We shall be deemed to have waived any right to raise any objection or to pursue any remedies against KAF IF for such case.
- I/We hereby agree to indemnify KAF IF against all actions, suits, proceedings, claims, damages and losses which may be suffered by KAF IF in connection with or in any manner out of KAF IF acting or on my/our instruction(s) as stated above and any inaccuracy of the instruction(s) including as a result of any inaccuracy of the declarations herein.

Name of Individual/Principal Applicant:

Date:

Name of Joint Applicant:

Date:

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Submitted by:	Attended by Sales & Marketing:
Name:	Name:
UTC Code:	
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Account No.	Trans. No.	Price (RM)
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Switch Form (Individual)

Serial no: SW A

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Please complete in BLOCK LETTERS only, and tick(✓) where applicable. KAF Investment Funds Berhad shall be referred to as **KAF IF** in this Switch Form.

1. PARTICULARS OF INDIVIDUAL/PRINCIPAL APPLICANT

Name of Individual/Principal Applicant	
(as per NRIC / Passport /Others)	
New NRIC No. / Passport No / Others	
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Name of Joint Holder	
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New NRIC No. / Passport No / Others	
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Country of Origin
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3. DETAILS OF SWITCHING

Note: There is no switching fee applicable. Please refer to the minimum amount for switching of the respective funds as stated in the Disclosure Document and if for partial switching, you are also subject to maintain the required minimum investment balance of the respective funds.

SWITCH FROM		
Fund Name	*Plan	No of Units
1.		
2.		
3.		
SWITCH TO		
Fund Name	*Plan	Remarks
1.		
2.		
3.		

* Note: C - Cash Plan / E - EPF Plan

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- (i) The higher the margin of financing (that is, the amount of money you borrow for every ringgit of your own money which you put in as deposit or down payment), the greater the loss or gains on your investment.
- (ii) You should assess whether you have the ability to service the repayments on the proposed loan. If your loan is a variable rate loan, and if interest rates rise, your total repayment amount will be increased.
- (iii) If unit prices fall beyond a certain level, you may be asked to provide additional acceptable collateral (where units are used as collateral) or pay additional amount on top of your normal installments. If you fail to comply within the prescribed time, your units may be sold towards the settlement of
- (iv) Returns on unit trusts are not guaranteed and may not be earned evenly over time. This means that there may be some years where returns are high and other years where losses are experienced. Whether you eventually realise a gain or incur loss may be affected by the timing of the sale of your units. The value of units may fall just when you want you money back even though the investment may have done well in the past.

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- I/We acknowledge and agree that KAF IF reserves the right to accept or reject the application in whole or part without assigning any reasons in respect thereof. I am/We are aware that KAF IF may initiate any form of communications to verify and/or validate the application and I/We will provide the confirmation as required within the prescribed timeframe.
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- I/We undertake to be bound by the provisions of the documents constituting the fund(s) subscribed to as if I was / We were a party thereto.
- I/We do declare and represent that as at the date hereof, I am / We are not an undischarged bankrupt nor has any petition for bankruptcy been filed against me/us.
- I/We hereby declare and acknowledge that I/We have sole legal and proprietary right over all monies accompanying this application. I/We further confirm that all monies paid or to be paid to KAF IF come from lawful source and not from unlawful activities.
- I/We hereby agree to indemnify KAF IF against all actions, suits, proceedings, claims, damages and losses which may be suffered by KAF IF in connection with or in any manner out of KAF IF acting or on my/our instruction(s) as stated above and any inaccuracy of the instruction(s) including as a result of any inaccuracy of the declarations herein.

Name of Individual/Principal Applicant:

Name of Joint Applicant:

Date:

Date:

Important: Pre-signing of forms relating to investments is strictly prohibited.

6. FOR DISTRIBUTOR AND SALES & MARKETING USE ONLY

Submitted by:	Attended by Sales & Marketing:
Name:	Name:
UTC Code:	Date:
Date:	

7. FOR OFFICE USE ONLY

Account No.	Trans. No.	Price (RM)			
Processed by:			Checked by:		
Name:			Name:		
Date:			Date:		