

**IMPORTANT:**

Your request will only be processed when this completed original form is received, verified and processed by PIAS. **Please use One (1) Client Transfer Form for One (1) Client.** All sections below need to be completed. Once completed, please send this form to Professional Investment Advisory Services Pte Ltd ("PIAS"), attention to Client Transfer, 6 Shenton Way, #09-08, OUE Downtown, Singapore, 068809.

Section A: Client Details				
Full name of Client/ Company:				
NRIC/Passport No. Company Registration No./ Unique Entity No.:		Nationality:		
Corporate/Residential Address:				
Contact number:		Email address:		
Occupation/ Nature of Business:				
Section Ai: Additional Information (For NEW Client)				
Client Type: <i>(*For AI Client, please complete AI Declaration Form)</i>	<input type="checkbox"/>	Retail Client	<input type="checkbox"/>	Accredited Investor (AI)*
	<input type="checkbox"/>	Corporate Client		
Source of wealth: (pls tick at least one)	<input type="checkbox"/>	Salary	<input type="checkbox"/>	Insurance Benefits
	<input type="checkbox"/>	Retirement Assets	<input type="checkbox"/>	Family Gifts
	<input type="checkbox"/>	Financial Investments	<input type="checkbox"/>	Compensation or remuneration
	<input type="checkbox"/>	Others (specify): <input type="text"/>		
If the answer is No to any of the following questions, please proceed to submit the Enhanced Customer Due Diligence Form:	Please fill in this section (excluding Corporate Client)		Please tick accordingly	
	I/We am/are not Political Exposed Person(s)		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I/We am/are the beneficial owner and have not appointed any natural person to act on my/our behalf.		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We declare that, to the best of my knowledge, I/we have not committed or been convicted of any serious tax crimes.		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Section B: Details of Client's Transfer Request (Please tick accordingly)				
<input type="checkbox"/>	<b>Request to change PIAS Financial Advisor Representative (FAR)</b>			
	Name of current FAR:	<input type="text"/>	PIAS Code: <input type="text"/> Branch: <input type="text"/>	
	Name of new FAR:	<input type="text"/>	PIAS Code: <input type="text"/> Branch: <input type="text"/>	
<input type="checkbox"/>	<b>Request to transfer out of PIAS to another Financial Advisory firm</b>			
	Name of current PIAS FAR:	<input type="text"/>	Branch: <input type="text"/>	
	PIAS Code:	<input type="text"/>	Name of new Financial Advisory firm: <input type="text"/>	
<input type="checkbox"/>	<b>Request to transfer into PIAS from another Financial Advisory firm</b>			
	Name of PIAS FAR:	<input type="text"/>	Branch: <input type="text"/>	
	Name of previous Financial Advisory firm/Provider: <input type="text"/>			
Please submit the following documents together with this form:				
a. Certified true copy of client's identification (i.e. NRIC/Passport/ ACRA)				
b. Proof of address (only if applicable)				
c. <b>ONLY iFAST / Navigator:</b> Original copy of product provider's change of representative form (One form per product provider). Other product providers' change of representative form to send DIRECT to the providers.				

