

For adviser to complete

PS Code:

Note: This Form must be completed and signed by corporate client who is providing the Annex containing employee(s) personal data to PIAS for the purpose of Corporate Employee Benefit Plan/ Group Policy.

_____ (Company Name), "the Company",
 _____ (Registration Number) declare and warrant that the personal data of the employee(s) that is provided to Professional Investment Advisory Services Pte. Ltd. ("PIAS"), as reflected in attached Annex:

- (a) is legitimate;
- (b) has been provided by me only after consent has been obtained from the employee(s) listed in the attached Annex for me to disclose his/ her personal data to PIAS to allow PIAS to process, collect and use the employee(s)' personal data for the following purposes and for PIAS to disclose the employee(s)' personal data to third parties (whether located in Singapore or otherwise) for the following purposes:
 - i. administering, servicing or dealing with the financial advisory services provided by PIAS (including processing the applications for financial products);
 - ii. managing with the financial products that the Company and/or the employee(s) have purchased pursuant to the financial advisory services provided by PIAS;
 - iii. observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which PIAS is subject to); and
 - iv. carrying out due diligence, monitoring or other screening activities in accordance with PIAS' legal or regulatory obligations or risk management.*
- (c) is indeed provided by the employee(s) listed in the attached Annex; and
- (d) is accurate and provided with the employee(s)' consent.

The Company undertakes to indemnify and at all times to keep PIAS (together with its respective officers, employees and agents) (each an "Injured Party") indemnified against any and all losses, damages, actions, proceedings, costs, claims, demands, liabilities (including full legal costs on a solicitor and own client basis) which may be suffered or incurred by the Injured Party or asserted against the Injured Party by any person or entity whatsoever, in respect of any matter or event whatsoever arising out of, in the course of, by reason of or in respect of any breach of the declaration and warranty above.

Company Authorised Person's Signature

Full Name (as per NRIC/Passport) : _____
 NRIC (Passport No. for foreigner) : _____
 Date : _____

* For details about PIAS' Personal Data Notice and Consent Policy, please visit <https://www.proinvest.com.sg/pdpa>.

For Internal Use:

Received by PIAS	On	By
	Date & Time:	Officer: