Instruction: Please complete the form in CAPITAL LETTERS

Section A1: Organisational Information

1. Please provide the following details of the firm:

Name	
Ivaille	
Address	
Address	
Contact details	
Telephone No.	
Fax No.	
Date of Inception	
SSM Registration No.	
Paid-up Capital	
Business Registration/ License No.	

2. Ownership structure (please use additional paper, if need be)

Shareholders	%	Position	Year Joined

3. Related, Affiliated or Associated Companies (please use additional paper, if need be)

Name	Company Registration Number	% Holding	Remark

Name						
Designation						
Telephone No.						
Fax No.						
Email						
Please provide a br in the past 3 years under its present na	. Ple	ase include	prior names (if a	on any sigr any) and the	nificant devo	elopments existence
Please provide the in a separate attach			onal chart of firm	n and the fire	m's succes	sion plans
Firm's fidelity bone amounts (if any)	d an	d fiduciary	liability insurand	ce policies,	including	coverage
Bond/ Insurance	Э	Coverage	(amount)(RM)		Remarks	

4. Please provide the following details of the individual(s) completing this questionnaire:

Section A2: Investment Strategy and Process

1.	Please briefly describe your firm's investment strategy, screening processes, and portfolio development methodology. Pertinent factors that contribute to the model portfolio.
2.	How do you decide to buy or sell a security?
3.	Are portfolios managed by individual managers or teams?
4.	To what extent does this product use leverage and derivatives? Please explain.
5.	Does your company use any particular model in determining the company's portfolio investment? Or does it based on client's preferences?
6.	How frequently are investment policy or strategy meetings held?

Sec							
	tion A3:	Scope of S	ervices				
1.	Please p	rovide the s	scope of s	services that your	company o	ffers?	
Sec	tion A4:	Asset unde	er Manag	gement			
1	Please fi	ll out the fol	lowing ta	bles for the produ	ict in questi	on.	
••	1 10000 11		iowing ta	bloc for the produ	ot iii quootii	511.	
	Acc	count Type		Asset Amounts (RM)	Number o	f Accounts
	Corpor	ate					
	Public f	und					
	Insurar	nce					
	High-ne	et-worth					
	Other,	please exp	lain				
	Total						
					'		
2	Please fi	Il the accou	nts perfo	rmance for the sti	pulated yea	rs in the bel	low table.
۷.							
۷.							
۷.			Accounts	s Lost		Accounts G	ained
۷.	Year		I	10/ (5)			ained % of Product
۷.			Accounts	10/ (5)	Number	Accounts G	1
۷.			I	% of Product			% of Product
۷.	Year		I	% of Product			% of Product
۷.	Year 2019		I	% of Product			% of Product
۷.	Year 2019 2018 2017 2016		I	% of Product			% of Product
۷.	Year 2019 2018 2017 2016 2015		I	% of Product			% of Product
2.	Year 2019 2018 2017 2016 2015 2014		I	% of Product			% of Product
2.	Year 2019 2018 2017 2016 2015		I	% of Product			% of Product
	Year 2019 2018 2017 2016 2015 2014 2013	Number	RM mil	% of Product Assets	Number	RM mil.	% of Product Assets
3.	Year 2019 2018 2017 2016 2015 2014 2013 Please s	Number	RM mil	% of Product	Number	RM mil.	% of Product Assets
3.	Year 2019 2018 2017 2016 2015 2014 2013 Please s	Number	RM mil	% of Product Assets	Number	RM mil.	% of Product Assets
3.	Year 2019 2018 2017 2016 2015 2014 2013 Please s	Number	RM mil	% of Product Assets	Number	RM mil.	% of Product Assets
3.	Year 2019 2018 2017 2016 2015 2014 2013 Please s	Number	RM mil	% of Product Assets	Number	RM mil.	% of Product Assets
3.	Year 2019 2018 2017 2016 2015 2014 2013 Please s	Number	RM mil	% of Product Assets	Number	RM mil.	% of Product Assets

Sec	ction A5: Compliance
1.	Please describe the compliance assessment process, including the time period covered, testing methods, and frequency.
2.	When was the last compliance assessment? Please attach a summary of the report.
3.	Please provide a copy of the registration forms you have provided to your local regulator.
4.	Has any regulatory body or market authority issued any orders or other sanctions against your firm in the last five years? If yes, please describe.
5.	Is your firm or any affiliate is involved in any pending or ongoing litigation, forma investigation, or administrative proceedings related to money management activities? If yes, please describe.
6.	Have the principals of your firm been under investigation related to money management activities in the last five years? If yes, please explain.

360	tion Ao. Governance
1.	Please provide a summary of your firm's internal control structure.
2.	Please describe any potential conflicts of interest your firm may have in the management of this account. If there are conflicts, please describe how they are addressed.
Sec	tion A7: Trading
1.	Please describe any restrictions you may have on client-directed transactions.
2.	Please describe your policies and procedures concerning trading and execution, including those relating to (i) how your firm seeks to achieve best execution; (ii) how your firm ensures equitable trading for all clients (i.e., the account of one client is not favoured above the account of another) and exceptions to this policy, if any; (iii) allocation of trades (e.g., by portfolio manager or automated); and (iv) side-by-side management of hedge funds and other products, if applicable.
Sec	tion A8: Risk Management
1.	Is there any mechanism in determining the optimum level of risk assessment in your portfolio investment? Please briefly explain.

2.	Please provide a short biography or resume of the person(s) who is (are) responsible for the overall risk management of your firm.