

INTERNATIONAL CENTRE FOR EDUCATION IN ISLAMIC FINANCE (INCEIF)

STATEMENT OF TRUST

A. DONOR INFORMATION	
Name of Donor:	
Address:	
State:	
NRIC/Passport/Co. No	
Country:	

(hereinafter referred to as "the Donor"), has provided the necessary funding to establish an endowed fund with **INTERNATIONAL CENTRE FOR EDUCATION IN ISLAMIC FINANCE (INCEIF)** (Company No.: 718736-K), a private university and a limited Company by guarantee and not having a share capital incorporated in Malaysia under the Companies Act 1965 with its principal address at Lorong Universiti A, 59100 Kuala Lumpur, Malaysia (hereinafter referred to as "INCEIF").

B. DETAILS OF CONTRIBUTIONS																									
Name of Fund:	INCEIF ENDOWMENT FUND																								
Purpose and Donation Amount: <i>Donations to INCEIF are tax deductible under Section 44(1)(c) of the Income Tax Act 1967</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">General Purpose:</td> <td style="width: 10%;">RM/USD</td> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td colspan="3">Specific Purpose: <i>Please tick (✓)</i></td> </tr> <tr> <td><input type="checkbox"/> Student Scholarship</td> <td>RM/USD</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Research</td> <td>RM/USD</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Chair</td> <td>RM/USD</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Infrastructure</td> <td>RM/USD</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Others: <i>Please specify</i></td> <td></td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td></td> <td>RM/USD</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	General Purpose:	RM/USD	<input style="width: 95%;" type="text"/>	Specific Purpose: <i>Please tick (✓)</i>			<input type="checkbox"/> Student Scholarship	RM/USD	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Research	RM/USD	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Chair	RM/USD	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Infrastructure	RM/USD	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Others: <i>Please specify</i>		<input style="width: 95%;" type="text"/>		RM/USD	<input style="width: 95%;" type="text"/>
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Payment method:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><i>Please tick (✓)</i></td> </tr> <tr> <td><input type="checkbox"/> Cash</td> <td><input type="checkbox"/> Credit Card</td> </tr> <tr> <td><input type="checkbox"/> Bank Transfer</td> <td><input type="checkbox"/> Banker's Cheque</td> </tr> <tr> <td><input type="checkbox"/> Others: <i>Please specify</i></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	<i>Please tick (✓)</i>		<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Banker's Cheque	<input type="checkbox"/> Others: <i>Please specify</i>	<input style="width: 95%;" type="text"/>																
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Payment Instruction: <u>Telegraphic Transfer:</u> Please make arrangements to wire your donation using the following instructions: > Wire funds to: *** *** > Please fax a copy of this Statement of Trust to ***. <u>Interbank Transfer:</u> <u>Credit Card:</u>																									

C. CONDITIONS OF ENDOWMENT

<p>Fund Management:</p>	<p>The Fund shall be administered as an endowment according to INCEIF Endowment Policy in effect now, and as may be amended from time to time, which include, but not limited to such matters as the co-mingling of funds for investment purposes, assessing fees, determining the spending rate, spending excess income and net appreciation, and amending agreements to preserve the perpetuation of the Fund.</p>
<p><u>Amendments</u></p>	<p>Amendments may be considered by INCEIF provided that such amendments are acceptable to Donor or his/her representative, if Donor is unable to respond.</p> <p><i>Designated Representative:</i> _____ _____</p> <p><i>Address:</i> _____ _____</p> <p>In accordance with INCEIF Endowment Policy, the IEF Board of Trustees shall otherwise make such appropriate amendment(s) to preserve the perpetuation of the Fund, carry out its purposes, or otherwise as provided in the INCEIF Endowment Policy.</p>
<p><u>Unfulfilled Commitments</u></p>	<p>In the event the commitment is not fulfilled, or the gift amount received does not meet the required endowment minimum, INCEIF shall have the option to terminate this endowment and disburse existing amounts in a manner consistent with the Donor original intent.</p>
<p><u>Acknowledgement</u></p>	<p>Donor hereby acknowledge receipt of the INCEIF Endowment Policy.</p>
<p><u>Privacy Notice</u></p>	<p>INCEIF is committed to protecting the Personal Data of all Donors INCEIF deals with. If you have any questions in relation to this Privacy Notice, please contact us at 03-7651 4000.</p>

In witness whereof, this statement of trust has been executed by the Donor and the authorized officers of INCEIF.

FOR THE DONOR:	
Signature:	
Name:	
Date:	

FOR INCEIF:	
Signature:	
Name:	
Date:	

For Administrative Use Only	