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**INSTRUCTIONS FOR COMPLETING THE CDS ACCOUNT FORM****General:**

- 1 Please type or write using **BLOCK LETTER**.
- 2 Any amendment made must be legible and countersigned by both the applicant/depositor and the authorised signatory(ies) of the Authorised Depository Agent ("ADA").
- 3 Where affixation of common seal is not required, corporate investors must ensure that they affix the company rubber-stamp.

**Applicable To "Application For Opening Of Account" Only**

- 1 **Supporting Documents:** Please refer to [www.bursamalaysia.com](http://www.bursamalaysia.com) [Product & Services-Central Depository System (CDS)-Procedures Manual CDS Guide For Depositors] for reference.
- 2 **Foreigner** A foreigner is defined as:-
  - a) an individual who is not citizen of Malaysia;
  - b) a body, corporate or unincorporate, which is incorporated or constituted, as the case may be, outside Malaysia;
  - c) a trustee administering a trust which is constituted under any foreign law;
  - d) a trust corporation which is incorporated under any foreign law;
  - e) a society, including a co-operative society or any other institution, which is constituted, registered or incorporated under any foreign law;
  - f) a nominee company incorporated in Malaysia which-
    - i) is identified with the word "(Asing)" in its name; and
    - ii) performs the services of a nominee, agent or trustee solely for on behalf of legal or beneficial owners of securities who are foreigners;
  - g) a company, other than a company described under paragraph (f), which is incorporated in Malaysia and where any one of the persons or a combination of the persons referred to in paragraph (a), (b), (c),(d) or (e) is entitled to exercise or control the exercise of more than fifty per centum of the voting rights of the company.
- 3 **Registered Address**
  - a) For individual applicants/depositors apart from armed forces/police personnel, use the address as stated in national registration identity card (NRIC).
  - b) For armed forces/police personnel, use the address of their respective camp/base/station.
  - c) For foreign applicants/depositors, use the address as stated in the passport (if any).

4 **Signing The Form Before An Acceptable Witness:**

- Only applicable if the verification of an applicant's identity is to be done through an acceptable witness (instead of the applicant being present person before an ADA or through non face to face verification)
- a. the form is required to be signed before the acceptable witness who is required to complete the "Declaration By Dealer's Representative/ ADA's Authorised Officer(s)/Notary Public/Others As Approved By Bursa Malaysia Depository Sdn Bhd (Bursa Depository)" column; and
  - b. the acceptable witness must certify the photocopies of the NRIC/Passport/Armed Forces or Police Personnel Authority Card/supporting documents.

**Applicable To "Application For Updating Of Account Particulars" Only**

- 1 **Supporting Documents:** Please refer to [www.bursamalaysia.com](http://www.bursamalaysia.com) [Product & Services-Central Depository System (CDS)-Procedures Manual CDS Guide For Depositors] for reference.

**DECLARATIONS****A) APPLICATION FOR OPENING OF CDS ACCOUNT****DECLARATION BY APPLICANT/DEPOSITOR/AUTHORISED SIGNATORY(IES)/ATTORNEY(S)**

\*I/We hereby :-

- i. Declare that \*I/We have the full capacity and authority to make the application, and open and operate a CDS account, and that the information given in this application is true and correct as at the date of this form.
- ii. Agree to be bound by the Rules of Bursa Malaysia Depository Sdn Bhd ("Depository") and any directions issued by the Depository, as may be amended from time to time.
- iii. Declare that \*I/We are the \*beneficial owners/authorised nominee of all securities credited into this account that is to be opened.
- iv. Irrevocably consent to the disclosure by the Depository, the issuer and their respective agents to any person, of such of \*my/our personal information, as may be necessary or expedient to facilitate the payment of all cash dividends and other cash distributions that may be due to \*me/us in respect of the deposited securities in \*my/our CDS account, directly into \*my/our bank account as stated in this form or as may be updated from time to time, or for any other purpose in connection with the payment of dividends or other cash distributions via such manner.
- v. Irrevocably consent to receiving all cash dividends and other cash distributions that may be due to \*me/us in respect of the deposited securities in \*my/our CDS account via direct credit into \*my/our bank account as stated in this form or as may be updated from time to time.
- vi. Agree to receive, in relation to my deposited securities and where relevant, electronic notifications instead of hardcopy notification, sent using \*my/our contact details as stated in this form or as may be updated from time to time, and further consent to the disclosure of \*my/our contact details currently in the Depository's records to:
  - a) Bursa Malaysia Berhad's Group of Companies (the Group) to enable them to communicate capital market related matters, including new developments and initiatives by the Group, to \*me/us ; and
  - b) facilitate the sending of notices and communications from the issuers and Participant Organisations (POs) e.g eDividend notification, contract notes from POs, and notices/circulars from issuers.

\*I/We have read and am/are aware of the personal data notice available at Bursa Malaysia Berhad's website at [www.bursamalaysia.com](http://www.bursamalaysia.com).

\*Delete whichever is inapplicable

**B) APPLICATION FOR CLOSING OF CDS ACCOUNT****DECLARATION BY APPLICANT/DEPOSITOR/AUTHORISED SIGNATORY(IES)/ATTORNEY(S)**

\* I/We hereby declare that there is nil balance in and no outstanding transactions relating to this account and acknowledge that the Depository will only close the account upon verifying and confirming that there is nil balance and no outstanding transactions relating to this account in the Depository's records.

\*Delete whichever is inapplicable

## USAGE OF POWER OF ATTORNEY

The following requirements must be fulfilled for the usage of a Power of Attorney in CDS transactions:-

1. The Power of Attorney must have been registered in the High Court of Malaya.
2. The Power of Attorney must be executed before the persons stated hereunder:-
  - a. If executed within West Malaysia, the instrument is to be executed before:-
    - i. A Magistrate, or
    - ii. A Justice of the Peace, or
    - iii. A Land Administrator, or
    - iv. A Notary Public, or
    - v. A Commissioner for Oaths, or
    - vi. An advocate and solicitor, or
    - vii. An officer, acting in the course of his employment, or a company carrying on the business of banking in West Malaysia and incorporated by or under any written law in force in West Malaysia, or
  - b. If executed outside West Malaysia, the execution of such instrument is executed before:-
    - i. A Notary Public, or
    - ii. A Commissioner for Oaths, or
    - iii. Any Judge, or
    - iv. A Magistrate, or
    - v. A British Consul or Vice-Consul, or
    - vi. A representative of Her Britannic Majesty, or
    - vii. On and after Merdeka Day, any Consular Officer in Malaysia
    - viii. In the case of an instrument executed in the Republic of Singapore, an advocate and solicitor of the Supreme Court of the Republic, or an officer,

acting in the course of his employment, of a company carrying on the business of banking in the Republic and incorporated by or under any written law of the Republic.

3. Ensure that the Power of Attorney empowers the Donee to deal in securities.
4. An original certified true copy of the Power of Attorney document must be lodged with the ADA. For Individual and corporate depositors, the Power of Attorney can be certified by a person stated in the List Of Acceptable Witnesses in Chapter 9. In addition, for a corporate body, the Power of Attorney can be certified by the company director, company secretary or any other persons authorised to do so in the Memorandum and Article of Association of that particular company.
5. Where the Power of Attorney is to be used, the ADA must affix the rubber-stamp bearing the following declaration on the Application For Opening Of Account Form (FMN010) for completion by the Donee:-

“ I/We as stated herebelow hereby affirm that the Power of Attorney dated \_\_\_\_\_ bearing Registration No. \_\_\_\_\_ pursuant to which this form is executed has not been revoked and I/We undertake to notify Bursa Depository of any revocation of this Power of Attorney.

| NAME/S OF DONEE(S) | NRIC/PASSPORT/REG. NO |
|--------------------|-----------------------|
|                    |                       |
|                    |                       |
|                    |                       |

6. Ensure that the Donee(s) complete(s) the Name and NRIC / Passport / Reg. No of the Donor, state(s) the conditions of signing and prepare a list of Donee(s) and specimen signature(s) in accordance with the Power of Attorney.
7. A copy of the Donee’s identification document (NRIC / Passport / Certificate of Incorporation) must be obtained and must be verified against the original document.
8. Ensure that the name and identification number of the Donee stated in the Power of Attorney corresponds with the identification document. If the Donee is/are an individual(s), the Donee must be above 18 years of age.
9. Where the Donee is an individual, the Donee is required to appear in person to submit the application. Where the Donee does not appear in person to submit the application, the CDS forms and the relevant supporting documents must be executed before any of the list of acceptance witnesses as stated in item 4.1.1.5 in the case of account opening or acceptable witness as stated in chapter 9.1 for other CDS transactions. The acceptable witness will also need to sight the original copy of the appropriate supporting documents.

## CRITERIA FOR BOARD RESOLUTION

The four basic criteria required by Bursa Depository in a corporate investor's Board Resolution are:-

- i. Authorisation for the company to **open and operate CDS account(s)**  
(The phrase "authorisation to open and operate CDS account(s)" is essential as the words 'open' and 'operate' are two different and separate actions, respectively).
- ii. List of **authorised signatories** to execute CDS documents for opening and operation of the CDS account(s)  
(A list of authorised signatories must be provided to enable identification of the persons authorised to execute CDS documents for opening and operation of the CDS account(s) of a corporate body).
- iii. **Mode and manner** of execution by the appointed authorised signatories of CDS documents  
(Where more than one authorised signatory is authorised to execute any CDS documents, the mode and manner of execution must be clearly stipulated in the Board Resolution).
- iv. Whether **affixation** of common seal of the company on all or certain specified CDS documents is required.

The following is an example of a Board Resolution incorporating the above criteria:-

### RESOLVED:

1. That authority be and is hereby given to the **Company** to **open** Securities Accounts with Bursa Malaysia Depository Sdn Bhd ("Bursa Depository") and to **operate** the Securities Accounts in accordance with the Rules of Bursa Malaysia Depository Sdn Bhd.
2. That until and unless otherwise resolved by the Company's Board of Directors, the following **personnel** be and are hereby authorised to **open** and **operate** the aforesaid Securities Accounts hereinstated:

*The following are some examples of the mode and manner of execution available:*

#### **Example 1**

*That **any one** of the following persons is authorised to execute CDS documents pertaining to the opening and operation of the CDS accounts:*

| <i>Name</i>   | <i>Designation</i>       |
|---------------|--------------------------|
| i. <i>A</i>   | <i>CEO</i>               |
| ii. <i>B</i>  | <i>Director</i>          |
| iii. <i>C</i> | <i>Director</i>          |
| iv. <i>D</i>  | <i>Company Secretary</i> |
| v. <i>E</i>   | <i>GM</i>                |

**OR**

**Example 2**

That the following persons are authorised to execute CDS documents **jointly** pertaining to the opening and operation of CDS accounts:

|     | <b>Name</b> | <b>Designation</b> |
|-----|-------------|--------------------|
| i.  | A           | Director           |
| ii. | B           | Company Secretary  |

**OR**

**Example 3**

That **any two/three/four** of the following persons are authorised to execute CDS documents pertaining to the opening and operation of the CDS accounts:

|      | <b>Name</b> | <b>Designation</b> |
|------|-------------|--------------------|
| i.   | A           | Executive Director |
| ii.  | B           | Director           |
| iii. | C           | Director           |
| iv.  | D           | Company Secretary  |
| v.   | E           | Manager            |

**Note:** It is not mandatory for corporate bodies to affix their common seal on the CDS documents. Affixation of common seal is at the discretion of the corporate body.

- i. If the corporate body wishes to affix its common seal, the ADA must ensure that it is clearly stipulated in the Board Resolution. Alternatively, if the common seal is required in respect of certain documents only, the company must specify the documents upon which the common seal is to be affixed.
- ii. If the Board Resolution does not authorise usage of the common seal i.e. if it is silent, the common seal must not be affixed on any document. **Instead the corporate body's company rubber-stamp must be affixed.**

**CHECKLIST FOR OPENING OF ACCOUNT FOR TRUST FOUNDATION, SOCIETY,  
STATUTORY BODY AND FOREIGN INCORPORATED COMPANIES**

**A. TRUST FOUNDATION**

1. Original certified true copies of:-
  - a. Trust Deed
  - b. Certificate of Registration
  - c. Approved Minutes of meeting / Board Resolution
  - d. Power of Attorney (if applicable), and
  - e. The list of authorised signatory(ies) and specimen signatures.
  
1. In the case where a Power of Attorney is used to transact on behalf of the Trust Foundation, then the following need to need adhered to:-
  - a. The approved minutes of the meeting authorises the use of a Power of Attorney
  - b. The Power of Attorney has been registered with the High Court of Malaya
  - c. The Power of Attorney document specifies the Donee's power to deal in securities
  - d. The Donee must produce the following:-
    - i. Two (2) copies of NRIC which must be verified against the original. Also ensure that the name of the Donee mentioned in the Power of Attorney corresponds with the NRIC
    - ii. Two (2) original or original certified true copy of the list of donee(s) and specimen signature(s).



B. SOCIETY REGISTERED UNDER THE SOCIETIES ACT 1966 AND CO-OPERATIVES ACT 1993

1. Original certified true copies of:-
  - a. Constitution of the Society / Cooperative
  - b. Rules of the Society / Bylaws of the Cooperative
  - c. Certificate of Registration
  - d. Approved Minutes of meeting / Board Resolution.
  - e. The list of authorised signatory(ies) and specimen signatures
2. The Constitution of the Society / Cooperative allows the society / cooperative to deal in securities.
3. Where a Power of Attorney is utilised to transact on behalf of the society, then the following need to be adhered to:-
  - a. The Board Resolution authorises the use of a Power of Attorney
  - b. The Power of Attorney has been registered in the High Court of Malaya
  - c. The Power of Attorney document specifies the Donee's power to deal in securities
  - d. The Donee must produce the following:-
    - i. Two (2) copies of the NRIC which must be verified against the original. Also ensure that the name of the Donee mentioned in the Power of Attorney corresponds with the NRIC
    - ii. Two (2) original or original certified true copy of the list of donee(s) and specimen signature(s).

C. CORPORATIONS INCORPORATED BY AN ACT OF PARLIAMENT OR STATE ENACTMENT AND OTHER STATUTORY BODIES (FEDERAL AND STATE)

1. Original certified true copies of:-
  - a. Board / Investment Panel's Resolution
  - b. Power of Attorney (where applicable)
  - c. In respect of statutory body other than EPF, LUTH, SOCSO, LTAT, a copy of the Act / Enactment incorporating the said body.
  - d. The list of authorised signatory(ies) and specimen signatures.
  
2. Where a Power of Attorney is used to transact on behalf of the corporation or body, ensure that:-
  - a. The Board Resolution authorises the use of a Power of Attorney
  - b. The Power of Attorney has been registered with the High Court of Malaya
  - c. The Power of Attorney document specifies the Donee's power to deal in securities
  - d. The Donee must produce the following:-
    - i. Two (2) copies of the NRIC which must be verified against the original. Also ensure that the name of the Donee mentioned in the Power of Attorney corresponds with the NRIC
    - ii. Two (2) original or original certified true copy of the list of donee(s) and specimen signature(s).

D. FOREIGN INCORPORATED COMPANIES

Submit an original certified true copy of the foreign incorporated company's equivalent of the legal documentation to support evidence of ownership, registered address company name, registration number and place of incorporation.

All documents in a foreign language must be accompanied by an English translated copy. Both documents, i.e. the foreign document and the English copy, must be certified by a person stated in the List Of Acceptable Witnesses in Chapter 10.

**LETTER OF INDEMNITY FOR FACSIMILE SIGNATURES**

To:

Bursa Malaysia Depository Sdn Bhd  
 6<sup>th</sup> Floor Exchange Square  
 Bukit Kewangan  
 50200 Kuala Lumpur

Dear Sir,

In consideration of your having agreed to our request to accept and act upon all or any of the prescribed CDS Forms (hereinafter referred to as “the said Forms”) bearing our common seal and impressed with the facsimile signatures of \_\_\_\_\_ and \_\_\_\_\_, a specimen of which is furnished herewith, we hereby agree and confirm that you may accept and effect the transactions requested for in the said Forms which are executed by us in the manner as aforesaid and presented to your Authorised Depository Agents for effecting the requested transactions and we also hereby agree to indemnify you upon the terms hereafter stated.

We also agree and confirm that you will be in no way responsible for the misuse or unauthorised use of the instrument or equipment for impressing the facsimile signatures on any of the said Forms or any other forms to be introduced by Bursa Depository from time to time and that you will be under no duty to enquire into the genuineness or authenticity of the facsimile signatures as appearing on any of the said Forms.

We hereby undertake:-

- (a) at all times to keep our instrument or equipment for effecting facsimile signatures [except when in use by our duly authorised officer(s)] securely locked in our safe/vault and to report to you immediately, if the same is stolen or missing.
- (b) to indemnify you, and keep you indemnified, in full, against all or any loss, claims, demands, costs, damage expenses and all other liabilities of whatsoever nature which may be put in consequence of your accepting and effecting the said Forms bearing such facsimile signatures instead of the autographic signatures of the abovenamed persons.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ yyyy

The Common Seal of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 was hereunto fixed in the \_\_\_\_\_ )  
 presence of: \_\_\_\_\_ )  
 Director Director / Secretary



**CHECKLIST FOR REQUEST FOR SUSPENSION OF DEPOSITED SECURITIES IN A  
DECEASED DEPOSITOR'S CDS ACCOUNT**

1. A request for suspension of deposited securities in a securities account can only be made by the estate of the deceased (hereinafter known as “the applicant”).

Where the appointment of the Administrator / Administratrix of the estate / Official Administrator appointed by the Court, is yet to be made, a request for suspension of deposited securities in a securities account may be made in the following order and manner:-

- a. Where the deceased was married at the time of death, the following persons (hereinafter known as “the applicant”) living and in the following order and manner may apply:-

- i. Surviving husband or wife and if there is no surviving husband / wife then
- ii. Any child of the deceased who has attained 18 years of age and if the deceased leaves no children above 18 years of age then
- iii. Father or Mother of the deceased and if there are no parents surviving then
- iv. A brother / sister of the deceased and if there is no such person then
- v. A Grandparent of the deceased

- b. Where the deceased was of an unmarried status at the time of death, the following persons living and in the following manner and order may apply:-

- i. Father or Mother of the deceased and if there are no parents surviving then
- ii. A brother / sister of the deceased and if there is no such person then
- iii. A Grandparent of the deceased.

2. In addition to a completed Suspension / Release Of Suspension Of Securities Request Form (FMN030), the applicant must forward a set of the following documents, duly certified by a person stated in the List Of Acceptable Witnesses in Chapter 9 (pending extraction of the Letter Of Administration / Grant Of Probate, as the case may be):-

- a. Death certificate, and
- b. Birth certificate (if the applicant is the child / parent / brother / sister), or

- c. Marriage certificate (if the applicant is the spouse), and
  - d. NRIC of the applicant and such documents as Bursa Depository – Legal Advisory & Corporate Legal Affairs (Bursa Depository-LACLA) deems necessary.
3. Ensure that the applicant has indicated his / her relationship with the deceased beside his / her signature.





| Types of Changes   | Individual  | Corporate Depositor  |
|--|---|--|
| <p>6. Race / Ownership</p> <p>Beneficiary<br/>Race/Ownership</p>   | <p>Depositor to indicate accordingly by completing FMN070.</p> <p>Same as above</p>   | <p><b>One (1)</b> certified true copy of document(s) evidencing the ownership of the company e.g. the latest return of allotment of shares or if unavailable, the latest annual return or its equivalent.</p> <p>Same as above</p> |
| <p>7. Bank Account Information</p> <p>a. name of bank<br/>b. bank account number</p> <p>(Also applicable for existing depositors registering their bank account information in its CDS account for the first time)</p> | <p>Two copies of any of the supporting document that captures applicant's <b>name, bank account number and bank's name as stated in Section 4.1.1.2 (c)</b></p> | <p><b>Two (2)</b> certified copy of any of the supporting documents that captures applicant's <b>name, bank account number and bank's name as stated in Section 4.1.1.11 (d)</b></p>   |
| <p>8. Consolidate/ Revoke Consolidation (Bank Account)</p>   | <p>Depositor to indicate accordingly by completing FMN070.</p>  | <p>The update will be according to the declaration made by the depositor in FMN070.</p>  |
| <p>9. Joint Bank Account</p>   | <p>Depositor to indicate accordingly by completing FMN070 or provide the relevant supporting document indicating the change.</p>                                | <p>Not applicable for body corporate. ADA to complete the FMN070 in cases of data entry error and send to Depository.</p>  |
| <p>10. Email Address/<br/>Handphone Number</p>   | <p>Depositor to indicate accordingly by completing FMN070.</p>  | <p>The update will be according to the declaration made by the depositor in FMN070.</p>  |

| <b>PERMOHONAN PENGGANTUNGAN / PELEPASAN PENGGANTUNGAN SEKURITI</b><br><i>APPLICATION FOR SUSPENSION / RELEASE OF SUSPENSION OF SECURITIES</i>   |  |
|---|--|
| NO. AKAUN CDS <i>CDS ACCOUNT NO.:</i><br><input style="width: 100px; height: 15px;" type="text"/> - <input style="width: 100px; height: 15px;" type="text"/> - <input style="width: 100px; height: 15px;" type="text"/>   |  |
| NO. KP. LAMA/PASPORT/KAD KUASA/PENDAFTARAN :<br><i>OLD NRIC/PASSPORT/AUTHORITY CARD/REG. NO. :</i>  |  |
| <input style="width: 100%; height: 15px;" type="text"/>   | NO. KP. BARU <i>NEW NRIC NO.:</i><br><input style="width: 100px; height: 15px;" type="text"/> - <input style="width: 100px; height: 15px;" type="text"/>   |
| NAMA PENDEPOSIT <i>NAME OF DEPOSITOR:</i><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/>   |  |
| <b>BAHAGIAN I PART I      PENGGANTUNGAN <i>SUSPENSION</i></b>   |  |
| Sila pangkah (X) yang berkenaan / <i>Please cross (X) where applicable</i><br>KELAS PENGGANTUNGAN <i>TYPE OF SUSPENSION:</i>  |  |
| <input type="checkbox"/> PENGGANTUNGAN AKAUN <i>ACCOUNT SUSPENSION</i><br><input type="checkbox"/> PENGGANTUNGAN SEKURITI <i>SUSPENSION OF SECURITIES</i>   |  |
| KOD SEKURITI <i>SECURITIES CODE:</i> NAMA SEKURITI <i>NAME OF SECURITIES:</i>   |  |
| <input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/>   | Kuantiti <i>QUANTITY:</i><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/> |
| SEBAB PENGGANTUNGAN <i>REASON FOR SUSPENSION:</i><br>_____<br>_____<br>_____  |  |
| <b>BAHAGIAN II PART II      PELEPASAN PENGGANTUNGAN <i>RELEASE OF SUSPENSION</i></b>  |  |
| Sila pangkah (X) yang berkenaan / <i>Please cross (X) where applicable</i><br>KELAS PELEPASAN <i>TYPE OF RELEASE OF SUSPENSION:</i>   |  |
| <input type="checkbox"/> PELEPASAN PENGGANTUNGAN AKAUN <i>RELEASE OF ACCOUNT SUSPENSION</i><br><input type="checkbox"/> PELEPASAN PENGGANTUNGAN SEKURITI <i>RELEASE OF SUSPENSION OF SECURITIES</i>   |  |
| KOD SEKURITI <i>SECURITIES CODE:</i> NAMA SEKURITI <i>NAME OF SECURITIES:</i>   |  |
| <input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/>   | Kuantiti <i>QUANTITY:</i><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/><br><input style="width: 100%; height: 15px;" type="text"/> |
| _____<br>TANDATANGAN PENDEPOSIT / PENANDATANGAN DIBERI KUASA*<br><i>SIGNATURE OF DEPOSITOR/AUTHORISED SIGNATORY(IES)*</i><br>*Lekatkan meterai syarikat atau cop rasmi syarikat (di mana perlu) <i>Affix common seal or company rubber-stamp (where applicable)</i> |  |
| _____<br>TARIKH <i>DATE</i>   |  |
| <b>UNTUK KEGUNAAN PEJABAT SAHAJA <i>FOR OFFICE USE ONLY</i></b>   |  |
| UNTUK DIISI OLEH ADA / ADM <i>TO BE COMPLETED BY ADA / ADM</i><br>(Tandatangan dan lekatkan cop rasmi syarikat) <i>(Sign and affix company rubber-stamp)</i>  | UNTUK DIISI OLEH BURSA DEPOSITORY <i>TO BE COMPLETED BY BURSA DEPOSITORY</i>   |
| DIPERIKSA OLEH : _____<br><i>CHECKED BY</i>   | DISEMAK OLEH : _____<br><i>VERIFIED BY</i>   |
| _____<br>TARIKH <i>DATE</i>   | _____<br>TARIKH <i>DATE</i>  |
| DISEMAK OLEH : _____<br><i>VERIFIED BY</i>  | DILULUSKAN OLEH : _____<br><i>APPROVED BY</i>  |
| _____<br>TARIKH <i>DATE</i>   | DATA DIMASUKKAN OLEH : _____<br><i>DATA ENTRY BY</i>   |
| _____<br>TARIKH <i>DATE</i>   | _____<br>TARIKH <i>DATE</i>  |

**CHECKLIST FOR VERIFICATION OF SUSPENSION / RELEASE OF SUSPENSION OF SECURITIES**

1. Ensure that only one (1) Suspension / Release Of Suspension Of Securities Request Form (FMN030) can be used in respect of one (1) securities account. If the application for suspension / release of suspension covers more than one (1) securities account, the depositor / applicant is required to submit the requisite number of FMN030s.
2. Verify that the following details have been filled in the FMN030:-
  - a. CDS account number
  - b. Depositor's NRIC No. / Passport No. / Reg. No. / Authority Card No.
  - c. Name of depositor
  - d. Account qualifier (if any)
  - e. Details for Part 1 – Suspension (if applicable):-
    - i. The relevant suspension instruction has been selected
    - ii. Securities code(s) and name(s)
    - iii. Quantity of securities to be suspended
    - iv. Reason(s) for suspension
    - v. Effective date for suspension
  - f. Details for Part 2 – Release Of Suspension (if applicable):-
    - i. The relevant release of suspension instruction has been selected
    - ii. Suspended securities code(s) and name(s)
    - iii. Quantity of suspended securities to be released
    - iv. Effective date for release of suspension.
3. Verify signature / thumbprint of depositor in FMN030 / letter against the ADA's records of specimen signature(s) where applicable.
4. Where the application is made by an applicant in person, ensure that the signature of the applicant on FMN030 is duly witnessed by a person stated in the List Of Acceptable Witnesses in Chapter 10.

5. Where the FMN030 has been executed by a person who is not able to read or understand the content, it should be accompanied by a Jurat Clause. The Jurat Clause needs to be affixed and signed by a person stated in the List Of Acceptable Witnesses in Chapter 9.

Jurat Clause:-

I ..... (NRIC No. ....) have distinctly, clearly and audibly interpreted the above in the ..... language/dialect to the abovenamed person who seemed to clearly understand the above and who made his/her mark in my presence.

Signed by .....

6. Where the execution is pursuant to Power of Attorney or Board Resolution, ensure the following:-
  - a. Person executing is the person named in the Power of Attorney / Board Resolution
  - b. Person executing is authorised to carry out that particular transaction.
7. In the case of a corporate body where there is a requirement to affix the common seal, ensure that the affixation is done in accordance with the Memorandum & Articles of Association of that corporate body. Affix the company rubber-stamp if the Board Resolution does not require the common seal to be affixed.
8. Where the FMN030 is signed under the Power of Attorney, please refer to the Usage Of Power Of Attorney (Appendix 6) to ensure that the Power of Attorney is in order and that persons signing the form are empowered to do so.
9. Every amendment made on the form must be countersigned by the depositor and the Authorised Signatory(ies) of the ADA with a rubber-stamp bearing the ADA's name affixed. Do not use correcting fluid. Cancel the error and make the correction
10. Where the signatures of the depositor and the Authorised Signatory(ies) of the ADA are the same, the amendment made on the form need only be signed by that signatory(ies).
11. Any amendments made in the "for office use only" column in the form must be signed by the Authorised Signatory(ies) of the ADA with a rubber-stamp bearing the ADA's name affixed.
12. Where the amendments are signed by the depositor, verify the signature against the ADA's records of specimen signature(s).
13. Ensure that the date on FMN030 is not postdated. However, the effective date for the suspension / release of suspension is the date stated in the Account Suspension Notice / Release Of Account Suspension Notice or the Securities Suspension Notice / Release Of Securities Suspension Notice (whichever is applicable).
14. Ensure that the mode of submission column is completed.



| <b>AUTHORISATION FOR BALANCE ENQUIRY REQUEST</b>  |   |
|---|---|
| NAME OF DEPOSITOR :<br><br>_____  | OLD NRIC/PASSPORT/AUTHORITY CARD/REG. NO. :<br><div style="border: 1px solid black; width: 100%; height: 15px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div><br>NEW NRIC NO. :<br><div style="border: 1px solid black; width: 100%; height: 15px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div> |
| Please cross ( X ) whichever is applicable  |   |
| <input type="checkbox"/> CDS ACCOUNT NO. : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div><br>or<br><input type="checkbox"/> *All CDS accounts that have been opened as at the day of this application and any future CDS account to be opened<br>or<br><input type="checkbox"/> *Attached list of CDS accounts<br><b>Note : * only applicable for corporate depositor using a single form for more than 1 (one) CDS account.</b>  |   |
| <ol style="list-style-type: none"> <li>1. I, the abovenamed hereby authorise _____ (state the name of the dealer's representative) _____ (I/C number) License No. _____ to make a balance enquiry of my abovestated CDS Account in respect of any securities of any company.</li> <br/> <li>2. The abovestated dealer's representative is authorised to execute on my behalf the Balance Enquiry Request Form as prescribed by Bursa Malaysia Depository Sdn Bhd ("Bursa Depository")</li> <br/> <li>3. The authority hereby given shall take effect on the date stipulated in the notice of acceptance, the same to be issued by the ADA to me not later than two (2) market days after receipt of this authorisation by the ADA and shall remain in force, as per the following period :-<br/> <b>(Please choose the authorisation period by crossing ( X ) at the appropriate field below)</b><br/> <input type="checkbox"/> _____ (stated the exact date the authorisation is to remain in force),<br/> <small>(dd/mm/yyyy)</small><br/> or<br/> <input type="checkbox"/> indefinite period.<br/> This authorisation will remain in force unless revoked by me prior to the above date or period by a notice in writing in accordance with the prescribed form for Revocation of Authorisation for Balance Enquiry Request or revoked automatically as a result of the authorised Dealer's Representative is no longer with the ADA.</li> <br/> <li>4. I hereby release _____ (state the ADA concerned) and Bursa Depository from all liabilities of whatsoever nature arising from this authorisation, except for liabilities arising from negligence or error of Bursa Depository or the authorised depository agent and I hereby undertake to indemnify Bursa Depository from all claims and demands otherwise than as a result of any unauthorised acts of the abovestated dealer's representative.</li> <br/> <li>5. This authorisation shall not in any way allow or permit the abovestated dealer's representative to deal in any way howsoever with the securities contained in my abovestated CDS account(s) without my prior written consent or authorisation.</li> </ol> |   |
| _____<br>** SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORY (IES) / ATTORNEY(S) **<br>** Delete whichever applicable<br>*** Affixation of common seal or company rubber-stamp (where applicable)  | _____<br>DATE   |
| _____<br>SIGNATURE OF THE ABOVESTATED DEALER'S REPRESENTATIVE   |   |
| <b>FOR OFFICE USE ONLY</b>  |   |
| To be completed by ADA<br>Sign and affix company rubber-stamp (required for ADA)  |   |
| RECEIVED BY : _____   | TIME / DATE : _____   |
| VERIFY BY : _____   | DATE : _____  |
| APPROVED BY : _____   | DATE : _____  |



FEQ015

**AD-HOC STATEMENT REQUEST**

CDS ACCOUNT NO :

-    -

NRIC/PASSPORT NO. REG. NO :

NAME OF ACCOUNT HOLDER :

\_\_\_\_\_

\_\_\_\_\_

PERIOD OF AD-HOC STATEMENT REQUIRED

FROM :   -   -

TO :   -   -

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

**To be completed by ADA  
(Sign and affix company's rubber stamp)**

ATTENDED BY : \_\_\_\_\_  
(Authorised signatory)

DATE : \_\_\_\_\_





| PERMOHONAN MENDEPOSIT SEKURITI SECURITIES DEPOSIT REQUEST  |  |  |
|--|--|--|
| BUTIR - BUTIR PENDEPOSIT PARTICULARS OF DEPOSITOR  |  |  |
| <b>NO. AKAUN CDS CDS ACCOUNT NO :</b><br><div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 200px; height: 15px; margin-bottom: 5px;"></div> | <b>TARIKH DATE :</b><br><div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div>  |  |
| <b>NAMA PENDEPOSIT DAN AKAUN KELAYAKAN ( JIKA BERKENAAN ) :</b><br><b>NAME OF DEPOSITOR AND ACCOUNT QUALIFIER ( IF APPLICABLE ) :</b><br><hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>  |  |  |
| BUTIR - BUTIR SIJIL PARTICULARS OF CERTIFICATE(S)  |  |  |
| <b>KOD SEKURITI SECURITIES CODE :</b><br><div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div>   | <b>NAMA SEKURITI NAME OF SECURITIES :</b><br><hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>  |  |
| <b>NO. SIJIL DARI</b><br><b>CERTIFICATE NO. FROM</b>   | <b>HINGGA NO. SIJIL</b><br><b>TO CERTIFICATE NO.</b>   | <b>KUANTITI</b><br><b>QUANTITY</b>                             |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <b>JUMLAH BILANGAN SIJIL :</b><br><b>TOTAL NO. OF CERTIFICATE(S) :</b>   | <hr style="border: 0; border-top: 1px solid black;"/>  | <b>JUMLAH BILANGAN SAHAM :</b><br><b>TOTAL NO. OF SHARES :</b> |
| <hr style="border: 0; border-top: 1px solid black; margin-top: 20px;"/> <b>TANDATANGAN PENDEPOSIT/PENANDATANGAN DIBERI KUASA</b><br><b>SIGNATURE OF DEPOSITOR/AUTHORISED SIGNATORY (IES)</b>   |  |  |
| UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY  |  |  |
| Untuk diisi oleh ADA/ADM To be completed by ADA/ADM<br>(Tandatangan dan lekatkan cop rasmi syarikat) (Sign and affix company rubber -stamp)  |  |  |
| <b>TARIKH DITERIMA :</b><br><b>DATE RECEIVED :</b>   | <b>MASA :</b><br><b>TIME :</b>   |  |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  |  |
| <b>DISEMAK OLEH :</b><br><b>VERIFIED BY :</b>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <b>TARIKH :</b><br><b>DATE :</b>                               |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <b>DILULUSKAN OLEH :</b><br><b>APPROVED BY :</b>   | <hr style="border: 0; border-top: 1px solid black;"/>  | <b>TARIKH :</b><br><b>DATE :</b>                               |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>          |
| <b>DATA DIMASUKKAN OLEH :</b><br><b>DATA ENTRY BY :</b>  | <hr style="border: 0; border-top: 1px solid black;"/>  |  |
| <hr style="border: 0; border-top: 1px solid black;"/>  | <hr style="border: 0; border-top: 1px solid black;"/>  |  |
| <b>NO. RUJUKAN DEPOSIT :</b><br><b>DEPOSIT REFERENCE NO :</b>  | <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; margin-bottom: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div> |  |

**MORATORIUM SHARES DECLARATION**

“Letterhead Of The Authorised Nominee”

To :

Bursa Malaysia Depository Sdn Bhd  
6<sup>th</sup> Floor, Exchange Square  
Bukit Kewangan  
50200 Kuala Lumpur

**MORATORIUM SHARES DECLARATION****Depositor**

CDS Account Number :

Name of CDS Account Holder :

Company Registration Number :

Account Qualifier :

Name of Counter :

Certificate No.(s) :

I/We, the abovenamed Depositor, hereby :-

1. Request that moratorium shares held by me/us to be deposited to the abovementioned Depositor’s CDS account in the manner as set out in the attached Securities Deposit Request form (FDE 010),
  2. Declare that the deposit of the shares will not result in any change in the beneficial ownership of the said shares,
- and
3. Undertake to ensure that there will be no change in the beneficial ownership of the said shares during the moratorium period and that there will be no sale, transfer or assignment of the moratorium shares without prior approval of the Securities Commission.

\_\_\_\_\_  
Signature(s) of Authorised Signatory/(ies)

Date :

c.c. The Director – Issues & Investment Division, Securities Commission

| <b>PERMOHONAN PINDAHAN SEKURITI TRANSFER OF SECURITIES REQUEST</b>  |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
|---|---|--|---|---|---|--|---|--|-------|---|--|-------|---|--|-------|---|--|-------|--|--|--|
| (Sila baca panduan di halaman sebelah borang ini <i>Please read the instructions on the reverse side of this form</i> )   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| A. BUTIRAN PENDEPOSIT PARTICULARS OF DEPOSITOR  | B. BUTIRAN SAKSI PARTICULARS OF WITNESS   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>NO. AKALIN CDS CDS ACCOUNT NO.: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></p> <p>NAMA PENDEPOSIT DAN AKALIN KELAYAKAN (jika berkenaan) NAME OF DEPOSITOR AND ACCOUNT QUALIFIER (if applicable)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Saya/Kami mengesahkan dan mengistiharkan bahawa pindahan ini adalah selaras dengan panduan yang dinyatakan di halaman sebelah borang ini dan penerangan yang dibuat di bawah perkara E adalah benar.<br/>I/We hereby affirm and declare that the transfer is in accordance with the directions stipulated in the reverse side of this form and that the representation made under item E below is true.</p> <p>_____</p> <p>TANDATANGAN PENDEPOSIT / PENANDATANGAN DIBERI KUASA<br/>SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORIES</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">TARIKH DATE</p>   | <p>NAMA NAME : _____</p> <p>NO. KP / PASSPORT NRIC NO. / PASSPORT : _____</p> <p>ALAMAT ADDRESS : _____</p> <p>_____</p> <p>_____</p> <p>JAWATAN OCCUPATION : _____</p> <p>TANDATANGAN SIGNATURE : _____</p> <p>TARIKH DATE : _____</p> |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| C. BUTIRAN PENERIMA PARTICULARS OF TRANSFEREE   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>NO. AKALIN CDS CDS ACCOUNT NO.: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></p> <p>NAMA PENERIMA PINDAHAN DAN AKALIN KELAYAKAN (jika berkenaan) NAME OF TRANSFEREE AND ACCOUNT QUALIFIER (if applicable)</p> <p>_____</p> <p>_____</p>   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| D. BUTIRAN SEKURITI PARTICULARS OF SECURITIES   | UNTUK KEGUNAAN PEJABAT/FOR OFFICE USE   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; text-align: left; font-size: x-small;">KOD SEKURITI SECURITIES CODE : NAMA SEKURITI NAME OF SECURITIES :</th> <th style="width: 30%; text-align: left; font-size: x-small;">KUANTITI QUANTITY :</th> <th style="width: 30%; text-align: left; font-size: x-small;">KUANTITI DALAM PERKATAAN QUANTITY IN WORDS :</th> </tr> <tr> <td style="font-size: x-small;">1. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____</td> <td style="font-size: x-small;"><input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="font-size: x-small;">_____</td> </tr> <tr> <td style="font-size: x-small;">2. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____</td> <td style="font-size: x-small;"><input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="font-size: x-small;">_____</td> </tr> <tr> <td style="font-size: x-small;">3. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____</td> <td style="font-size: x-small;"><input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="font-size: x-small;">_____</td> </tr> <tr> <td style="font-size: x-small;">4. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____</td> <td style="font-size: x-small;"><input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="font-size: x-small;">_____</td> </tr> <tr> <td style="font-size: x-small;">5. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____</td> <td style="font-size: x-small;"><input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="font-size: x-small;">_____</td> </tr> </table> | KOD SEKURITI SECURITIES CODE : NAMA SEKURITI NAME OF SECURITIES :   | KUANTITI QUANTITY :  | KUANTITI DALAM PERKATAAN QUANTITY IN WORDS :  | 1. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____ | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/>  | _____  | 2. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____   | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/> | _____ | 3. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____ | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/> | _____ | 4. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____ | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/> | _____ | 5. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____ | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/> | _____ | <p>NO. RUJUKAN PINDAHAN TRANSFER REF. NO.</p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> |  |  |
| KOD SEKURITI SECURITIES CODE : NAMA SEKURITI NAME OF SECURITIES :   | KUANTITI QUANTITY :   | KUANTITI DALAM PERKATAAN QUANTITY IN WORDS :   |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| 1. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____   | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/>  | _____  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| 2. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____   | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/>  | _____  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| 3. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____   | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/>  | _____  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| 4. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____   | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/>  | _____  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| 5. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> _____   | <input style="width: 60px; height: 15px; border: 1px solid black;" type="text"/>  | _____  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| E. KATEGORI DAN SEBAB-SEBAB PINDAHAN YANG DIBENARKAN CATEGORY AND APPROVED REASONS FOR TRANSFER   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| Sila rujuk perkara 8 di halaman sebelah borang ini <i>Please refer to item 8 on the reverse side of this form</i><br>(Sila pangkah "X" dikotak yang berkenaan <i>Please cross "X" on the relevant box</i> )   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Kategori <input type="checkbox"/> <b>A</b> <b>Tiada pertukaran pemilikan benefisial</b><br/><i>No change in beneficial ownership</i></p> </td> <td style="width: 33%; vertical-align: top;"> <p>Kategori <input type="checkbox"/> <b>B</b> <b>Pertukaran pemilikan benefisial</b><br/><i>Change in beneficial ownership</i></p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> <b>B5</b> <b>Sebab-sebab dengan kebenaran Bursa Depository terdahulu</b><br/><i>Reasons with prior approval of Bursa Depository</i></p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Sebab-sebab untuk kategori B sahaja:<br/><i>Reasons for category B only:</i></p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> <b>B1</b> Tawaran Pengambilalihan<br/><i>Take-Over Offer</i></p> <p><input type="checkbox"/> <b>B2</b> Ahli keluarga<br/><i>Family member</i></p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> <b>B3</b> Pindahan melibatkan Pihak Berkuasa Kerajaan<br/><i>Transfer involving Government Authorities</i></p> <p><input type="checkbox"/> <b>B4</b> Gadaian/Sandaran<br/><i>Pledge/Charge</i></p> </td> </tr> </table>   | <p>Kategori <input type="checkbox"/> <b>A</b> <b>Tiada pertukaran pemilikan benefisial</b><br/><i>No change in beneficial ownership</i></p>   | <p>Kategori <input type="checkbox"/> <b>B</b> <b>Pertukaran pemilikan benefisial</b><br/><i>Change in beneficial ownership</i></p>   | <p><input type="checkbox"/> <b>B5</b> <b>Sebab-sebab dengan kebenaran Bursa Depository terdahulu</b><br/><i>Reasons with prior approval of Bursa Depository</i></p> | <p>Sebab-sebab untuk kategori B sahaja:<br/><i>Reasons for category B only:</i></p>       | <p><input type="checkbox"/> <b>B1</b> Tawaran Pengambilalihan<br/><i>Take-Over Offer</i></p> <p><input type="checkbox"/> <b>B2</b> Ahli keluarga<br/><i>Family member</i></p> | <p><input type="checkbox"/> <b>B3</b> Pindahan melibatkan Pihak Berkuasa Kerajaan<br/><i>Transfer involving Government Authorities</i></p> <p><input type="checkbox"/> <b>B4</b> Gadaian/Sandaran<br/><i>Pledge/Charge</i></p> | <p><input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/></p> <p style="font-size: x-small;">*(No. rujukan yang diluluskan dinyatakan dalam surat kelulusan Bursa Depository)<br/>*(Approval reference number stipulated in Bursa Depository's approval letter)<br/>*(hanya untuk B5 sahaja applicable for B5 only)</p> |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>Kategori <input type="checkbox"/> <b>A</b> <b>Tiada pertukaran pemilikan benefisial</b><br/><i>No change in beneficial ownership</i></p>   | <p>Kategori <input type="checkbox"/> <b>B</b> <b>Pertukaran pemilikan benefisial</b><br/><i>Change in beneficial ownership</i></p>  | <p><input type="checkbox"/> <b>B5</b> <b>Sebab-sebab dengan kebenaran Bursa Depository terdahulu</b><br/><i>Reasons with prior approval of Bursa Depository</i></p>  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>Sebab-sebab untuk kategori B sahaja:<br/><i>Reasons for category B only:</i></p>   | <p><input type="checkbox"/> <b>B1</b> Tawaran Pengambilalihan<br/><i>Take-Over Offer</i></p> <p><input type="checkbox"/> <b>B2</b> Ahli keluarga<br/><i>Family member</i></p>   | <p><input type="checkbox"/> <b>B3</b> Pindahan melibatkan Pihak Berkuasa Kerajaan<br/><i>Transfer involving Government Authorities</i></p> <p><input type="checkbox"/> <b>B4</b> Gadaian/Sandaran<br/><i>Pledge/Charge</i></p> |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>Untuk diisi oleh ADA <i>To be completed by ADA</i><br/>(Tandatangan dan lekatkan cop rasmi syarikat <i>Sign and affix company rubber-stamp</i>)</p>  |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>TARIKH TERIMA DATE RECEIVED : _____</p> <p>DISEMAK OLEH VERIFIED BY : _____</p> <p>DATA DIMASUKKAN OLEH (Peringkat ke 1) DATA ENTRY BY (1st Level) : _____</p> <p>DILULUSKAN OLEH (Peringkat ke 2) APPROVED BY (2nd Level) : _____</p>   | <p>MASA TIME : _____</p> <p>TARIKH DATE : _____</p> <p>TARIKH DATE : _____</p> <p>TARIKH DATE : _____</p>   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |
| <p>NOTA PENTING: SILA BACA ARAHAN DI HALAMAN SEBALIK SEBELUM MELENGKAPKAN BORANG INI. <i>IMPORTANT NOTE: PLEASE READ THE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM.</i></p>   |   |  |   |   |   |  |   |  |       |   |  |       |   |  |       |   |  |       |  |  |  |



**Category A : No Change in Beneficial Ownership**

| Reason Code | Reason         | Remarks  |
|-------------|----------------|--|
| A           | Not Applicable | <p><b>CLARIFICATION</b></p> <p>1. This category only applies to transfers of securities between securities accounts for the same BO. Such transfer transactions may take place between the following securities accounts: -</p> <ol style="list-style-type: none"> <li>1.1. Direct securities accounts of the same BO;</li> <li>1.2. Direct securities account of a BO or securities account of AN with a named BO into securities account of an AN with a named BO and vice versa;</li> <li>1.3. Securities account of a BO or securities account of AN with a name BO into securities account of an Exempt AN and vice versa;</li> <li>1.4. Securities accounts of the same Exempt AN; and</li> <li>1.5. Securities accounts of different Exempt AN.</li> </ol> <p><b>SUPPORTING DOCUMENTS</b></p> <p>2. Supporting documents are not required where: -</p> <ol style="list-style-type: none"> <li>2.1. the name of the BO is transparent and identical in both the securities accounts of the transferor and transferee; and/or</li> <li>2.2. both the transferor and transferee are Exempt AN.</li> </ol> <p>3. In all other cases, supporting documents are required</p> <ol style="list-style-type: none"> <li>3.1. the name of the BO is not transparent or identical in both securities accounts of the transferor and transferee</li> <li>3.2. transfers of securities into or from a securities account of an Exempt AN with securities account of a BO or an AN.</li> </ol> |

| Reason Code  | Reason   | Remarks  |   |  |  |   |   |  |
|--|--|--|---|--|--|---|---|--|
| B1   | Take-Over Offer  | <p><b>CLARIFICATION</b></p> <p>1. This reason allows for the transfers of shares for the purposes of effecting take-over offers and matters relating to the same pursuant to the provisions in Part IV, Division 2 of the SCA.</p> <p><b>SUPPORTING DOCUMENTS</b></p> <p>2. The Form/Letter of Acceptance and any other documents which forms part of the document ("Offer Document") issued by the person making the takeover offer ("Offeror"), evidencing acceptance by a relevant shareholder of a take-over offer.</p> <p>However, the above-mentioned supporting documents are not required for depositors transferring shares for the purposes of effecting take-over offers through CDS eServices Platform (Bursa Anywhere).</p>   |   |  |  |   |   |  |
| B2   | Family Member  | <p><b>CLARIFICATION</b></p> <p>1. This reason allows for transfers of securities between securities accounts where the BOs (who are individuals) are related to each other in the manner described below.<br/> Note: This approved reason does not apply to depositors who are corporate bodies.</p> <p><b>SUPPORTING DOCUMENTS</b></p> <table border="0" data-bbox="824 837 2116 1061"> <tr> <td data-bbox="824 837 1209 893"><b>Parents</b><br/>Birth Certificate or adoption papers.</td> <td data-bbox="1366 837 2116 917"><b>Brothers / Sisters</b><br/>Birth Certificates or adoption papers for both transferor and transferee having the same father and or mother</td> </tr> <tr> <td data-bbox="824 917 1209 973"><b>Children</b><br/>Birth Certificate or adoption papers.</td> <td data-bbox="1366 949 2116 1005"><b>Grandparents/Grandchild</b><br/>Birth certificates to prove the relationship.</td> </tr> <tr> <td data-bbox="824 1005 1209 1061"><b>Spouse</b><br/>Marriage Certificate or "surat nikah".</td> <td></td> </tr> </table> <p>Note: Where the above supporting documents are genuinely not available (for reasons acceptable to Bursa Depository), Bursa Depository may accept/approve such other supporting documents it deems fit.</p> | <b>Parents</b><br>Birth Certificate or adoption papers. | <b>Brothers / Sisters</b><br>Birth Certificates or adoption papers for both transferor and transferee having the same father and or mother | <b>Children</b><br>Birth Certificate or adoption papers. | <b>Grandparents/Grandchild</b><br>Birth certificates to prove the relationship. | <b>Spouse</b><br>Marriage Certificate or "surat nikah". |  |
| <b>Parents</b><br>Birth Certificate or adoption papers.  | <b>Brothers / Sisters</b><br>Birth Certificates or adoption papers for both transferor and transferee having the same father and or mother |  |   |  |  |   |   |  |
| <b>Children</b><br>Birth Certificate or adoption papers. | <b>Grandparents/Grandchild</b><br>Birth certificates to prove the relationship.  |  |   |  |  |   |   |  |
| <b>Spouse</b><br>Marriage Certificate or "surat nikah".  |  |  |   |  |  |   |   |  |

| Reason Code | Reason                                    | Remarks   |
|-------------|---|---|
| B3          | Transfer involving Government Authorities | <p><b>CLARIFICATION</b></p> <p>1. This reason allows for transfers of securities into or from securities accounts of any of the following government authorities or government related bodies:</p> <ul style="list-style-type: none"> <li>- Minister of Finance;</li> <li>- Minister of Finance Incorporated;</li> <li>- Khazanah Nasional Berhad;</li> <li>- Accountant General; and</li> <li>- Registrar of Unclaimed Moneys.</li> </ul> <p><b>SUPPORTING DOCUMENTS</b></p> <p>No supporting documents are required.</p>  |
| B4          | Pledge or Charge                          | <p><b>CLARIFICATION</b></p> <p>This reason allows for transfers of securities between securities accounts for the purpose of: -</p> <ol style="list-style-type: none"> <li>1. Delivering pledged securities that are intended for force-selling in the direct securities account of the lending institution;</li> <li>2. PO/FI acquiring its clients' collateral to set-off its defaulted clients' credit facilities; and</li> <li>3. Transfers of securities between securities accounts of depositors for the purpose of a pledge or a charge of securities executed by a pledgor or a chargor in favour of a pledgee or a chargee which result in change in beneficial ownership (arising from loan transactions).</li> </ol> <p>Reminder:<br/>Disposal of pledged securities that are intended for force-selling must be executed via on market transactions or Direct Business Transactions ("DBT").</p> <p><b>SUPPORTING DOCUMENTS</b></p> <p>No supporting documents required.</p> |



| Reason Code | Reason  | Remarks   |
|-------------|---|---|
| B5          | Reasons with prior approval of Bursa Depository | <p><b>CLARIFICATION</b></p> <ol style="list-style-type: none"> <li>1. This reason allows for transfers of securities between securities accounts of depositors arising from the following circumstances:-               <ol style="list-style-type: none"> <li>1.1. Corporate Activities;</li> <li>1.2. Death, bankruptcy, winding-up or de-registration of a depositor;</li> <li>1.3. Pursuant to the provisions of any written law or order of courts of competent jurisdiction;</li> <li>1.4. Rectification of errors permitted by Bursa Depository; and</li> <li>1.5. Others ( applicant must refer to the ADA for circumstances that do not fall under item 1.1 to 1.4)</li> </ol> </li> <li>2. The applicant i.e. transferor/transferee or its legal representative is required to obtain prior approval from Bursa Depository for the execution of the transfer of securities. The application for approval must provide details on the transfer requested as per the Application form for B5 transfers and the relevant documents evidencing any one of the circumstances under item 1.1 to 1.5.</li> </ol> <p><b>SUPPORTING DOCUMENTS</b></p> <ol style="list-style-type: none"> <li>3. Letter of approval issued by Bursa Depository to the applicant (“Bursa Depository’s Approval Letter”).</li> <li>4. <u>Note:</u> <ol style="list-style-type: none"> <li>4.1. Upon obtaining Bursa Depository’s approval for the transfer, the applicant (excluding ADA/ADM and its locally incorporated wholly owned nominee companies) is required to lodge the transfer form together with Bursa Depository’s Approval Letter to the relevant ADA for execution of the transfer.</li> <li>4.2. With respect to transfers of securities from the ADAs/ADMs principal and/or nominees accounts (as defined in the Rules of Bursa Depository), the relevant ADAs/ADMs are required to enter into CDS, the approval reference number stated in the Bursa Depository’s Approval Letter when executing the transfer.</li> </ol> </li> </ol> |



| <b>NOTIFICATION OF DEATH OF DEPOSITOR</b>   |   |                     |          |
|---|---|---------------------|----------|
| CDS ACCOUNT NO.   | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                     |          |
| NAME OF DECEASED DEPOSITOR :  | _____   |                     |          |
| NRIC/PASSPORT NO. :   | _____   |                     |          |
| ADDRESS :   | _____   |                     |          |
| Please cross (X) where applicable   |   |                     |          |
| <input type="checkbox"/>  | *Probate/Letters of Administration *was/were granted to *me/us on : _____   |                     |          |
| <input type="checkbox"/>  | The securities enumerated below *was/were distributed to *me/us pursuant to a distribution order dated _____  |                     |          |
| NAME  | NRIC NO.  | ADDRESS             | TEL. NO. |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
| *I/We hereby request Bursa Malaysia Depository Sdn Bhd ("Bursa Depository") to transfer the deposited securities to the CDS accounts as follows:-   |   |                     |          |
| Name :  | _____   | Name :              | _____    |
| CDS A/C No. :   | _____   | CDS A/C No. :       | _____    |
| NRIC/Passport No. :   | _____   | NRIC/Passport No. : | _____    |
| NAME OF SECURITIES  | QUANTITY  | NAME OF SECURITIES  | QUANTITY |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
| *I/We also request Bursa Depository to close the deceased's CDS account upon effecting the said transfer(s) provided that there are no securities standing to the credit in the deceased's CDS account.   |   |                     |          |
| *I/We hereby:-  |   |                     |          |
| 1) declare that the *Probate/Letters of Administrations/distribution order granted to *me/us *has /have not been revoked, invalidated and/or annulled at any point of time, immediately prior to and at the time of production and presentation of the said *Probate/Letters of Administrations/distribution order to Bursa Depository, and                                 |   |                     |          |
| 2) agree and undertake to indemnify and keep indemnified Bursa Depository against all claims, demands, proceedings legal or otherwise, expenses, liabilities and/or losses whatsoever that may be brought arising out of or in relation to and/or in respect of the transfer of deposited securities effected by Bursa Depository pursuant to *my/our request hereto above. |   |                     |          |
| NAME  | SIGNATURE   | DATE                |          |
|   |   |                     |          |
|   |   |                     |          |
|   |   |                     |          |
| * Please delete whichever that is not applicable  |   |                     |          |
| FOR OFFICE USE ONLY   |   |                     |          |
| CLEARANCE BY FINANCE :  | _____   | DATE :              | _____    |
| CHECKED/VERIFIED BY :   | _____   | DATE :              | _____    |
| APPROVED BY :   | _____   | DATE :              | _____    |

Date: DD/MM/YYYY

To: Authorised Nominee

Dear Sirs

**TRANSFER OF SECURITIES DIRECTLY TO BENEFICIARY(IES)/AUTHORISED  
NOMINEE  
ESTATE OF (NAME OF DECEASED)**

---

We refer to the above matter.

Please transfer (\*all securities / name specific securities) held in the following securities account:-

*Name of Account holder:*  
*CDS Account No.:*

to the following person(s):-

*Name of Account holder:*  
*NRIC No.:*  
*CDS Account No.:*

Yours faithfully

***SIGNATURE(S) OF EXECUTOR(S)/ADMINISTRATOR(S)***

**DECLARATION BY WITNESS**

I hereby affirm and attest that the signature(s) of the above-mentioned executor(s)/administrator(s) belong to the said executor(s)/administrator(s) who have so appeared in person before me.

Name:  
NRIC No.:  
Licence No.:  
Designation:  
Signature:  
Date:

(\*delete whichever is not correct)

| <b>FORM B</b>   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|---|-------------------|--|--------------|------|-------------------|---------|-----------|-------|-------|------------|-------|-------|-------------|--|-------|----------------------------|----------|-------|--|--|--|--|--|--|--|--|--|
| <b>NOTIFICATION OF BANKRUPTCY OF DEPOSITOR FORM</b>   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| NAME  | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| ADDRESS   | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| NRIC/PASSPORT NO.   | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| SECURITIES A/C NO.  | :                 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| TELEPHONE NO.   | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| <p>The abovenamed person was adjudicated a bankrupt by order of the court dated _____ and *I/we have been appointed as the Official Assignee in this matter.</p>  |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">NRIC No/Co Reg No</th> <th style="width: 40%;">Address</th> <th style="width: 10%;">Tel. No.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>   |                   |  |              | Name | NRIC No/Co Reg No | Address | Tel. No.  |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| Name  | NRIC No/Co Reg No | Address  | Tel. No.     |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| <p>*I/We hereby request the Bursa Malaysia Depository Sdn Bhd ("Bursa Depository") to transfer the abovementioned deposited securities to the securities account(s) as follows:-</p>  |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| 1) Name : _____<br>* Securities A/C No. : _____<br>: _____<br>* NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____   |                   | 2) Name : _____<br>* Securities A/C No. : _____<br>: _____<br>* NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
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|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
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|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
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|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| 3) Name : _____<br>* Securities A/C No. : _____<br>: _____<br>* NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____   |                   | 4) Name : _____<br>* Securities A/C No. : _____<br>: _____<br>* NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
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|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
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|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
|   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| <p>*I/We also request Bursa Depository to close the abovementioned bankrupt's securities account after effecting the said transfers provided that there are no securities standing to the credit of the bankrupt's securities account.</p>  |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
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| (ii) _____  | _____             | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| (iii) _____   | _____             | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| (iv) _____  | _____             | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| <b>TO BE COMPLETED BY BURSA DEPOSITORY ONLY</b>   |                   |  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| Date Received   | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| Time Received   | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| Checked/Verified By   | :                 | _____  |              |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |
| Approved By:  | :                 | _____  | Date : _____ |      |                   |         |           |       |       |            |       |       |             |  |       |                            |          |       |  |  |  |  |  |  |  |  |  |

| <b>FORM C</b>  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|--|-------------------|--|--------------|---------|-------------------|---------|-----------|--|--|------------|--|--|-------------|----------------------------|----------|------------|--|--|--|--|--|--|--|
| <b>NOTIFICATION OF WINDING-UP OF COMPANY FORM</b>  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| NAME OF WOUND-UP COMPANY : _____   |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| CO. REGISTRATION NO. : _____   |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| SECURITIES A/C NO. : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| The abovenamed body corporate was dissolved by an order of the court dated _____ and *I/we have been appointed as the Official Receiver/Liquidator in this matter.   |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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| Name   | NRIC No/Co Reg No | Address  | Tel. No.     |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| *I/We hereby request the Bursa Malaysia Depository Sdn Bhd ("Bursa Depository") to transfer the abovementioned deposited securities to the securities account(s) as follows:-  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| (1)<br>Name/Co. : _____<br>Securities A/C No. : _____<br>NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____   |                   | (2)<br>Name/Co. : _____<br>Securities A/C No. : _____<br>NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____ |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| (3)<br>Name/Co. : _____<br>Securities A/C No. : _____<br>NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____   |                   | (4)<br>Name/Co. : _____<br>Securities A/C No. : _____<br>NRIC/Passport No./Co Reg No. : _____<br>Telephone No. : _____ |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| *I/We also request Bursa Depository to close the abovementioned dissolved body corporate's Securities Account after effecting the said transfer(s) provided that there are no securities standing to the credit of the dissolved body corporate's securities account.  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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| NAME/CO  | SIGNATURE         | DATE   |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| (i) _____  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
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| (iv) _____   |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| <i>*please delete whichever that is not applicable</i>   |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| <b>TO BE COMPLETED BY BURSA DEPOSITORY ONLY</b>  |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
| Date Received : _____<br>Time Received : _____<br>Checked/Verified By : _____<br>Approved By : _____   |                   |  |              |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |
|  |                   |  | Date : _____ |         |                   |         |           |  |  |            |  |  |             |                            |          |            |  |  |  |  |  |  |  |

## Personal Representative Authorization Letter

Date:

**Bursa Depository Sdn Bhd**

Dear Sirs,

**PERSONAL REPRESENTATIVE AUTHORISATION LETTER**

**NAME OF DECEASED :** \_\_\_\_\_

**NRIC / PASSPORT NO / OTHER ID OF DECEASED :** \_\_\_\_\_

Reference is made to the subject matter and the enclosed supporting documents, \*I/we the executor(s) or administrator(s) or beneficiary (s) for the estate of the deceased pursuant to a grant of representation is hereby notifying Bursa Malaysia Depository Sdn Bhd ('Bursa Depository') on the death of the abovementioned.

I/We hereby:

1. Declare that the \*Probate/Letter of Administration or Distribution Order granted to \*me/us \*has/have not been revoked, invalidated and/or annulled at any point of time, immediately prior to and at the time of production and presentation of the said \*Probate/Letter of Administration or Distribution Order to Bursa Depository;
2. Authorise \_\_\_\_\_ (state the name of the Authorised Depository Agent 'ADA') and its Authorised Personnel (here called ADA-Representative, ADA-R) to make a balance enquiry of the relevant CDS Account(s) belonging to the deceased in respect of any securities of any companies held under Bursa Depository;
3. Consent to the disclosure by Bursa Depository to ADA-R of any information or documents relating to the relevant CDS Account(s) belonging to the deceased; for example balances, account particulars and/or transactions. This consent shall be valid until revoked in writing by \*me/us.
4. Consent and declare that the above-stated ADA-R is authorised to execute on my/our behalf the Balance Enquiry Request (here called 'Authorisation for Balance Enquiry') by way of sending an email notification or other electronic means for the attention of the Authorised Personnel of Bursa Depository;
5. Declare that the authority hereby given shall remain in force unless revoked by \*me/us prior to the above date by a notice in writing for the said revocation of Authorisation for Balance Enquiry or revoked automatically as a result of the ADA is no longer a registered with Bursa Depository;
6. Release ADA, ADA-R and Bursa Depository from all liabilities of whatsoever nature arising from this authorisation;

7. Undertake to indemnify Bursa Depository from all claims and demands otherwise than as a result of any unauthorised acts of the above-stated ADA and ADA-R; and
8. Agree and undertake to indemnify and keep indemnified Bursa Depository against all claims, demands, proceedings legal or otherwise, expenses, liabilities and/or losses whatsoever that may be brought arising out of/or in relation to and/or in respect of this authorisation.

**\*\*SIGNATURE OF PERSONNEL REPRESENTATIVE(S)\*\***

NAME:

DATE:

**\*\*\*Affixation of common seal or company rubber-stamp (where applicable) SIGNATURE OF THE ABOVESTATED PERSONNEL REPRESENTATIVE(S)\*\*\***

/encl.



