BURSA MALAYSIA

BURSA MALAYSIA DEPOSITORY SDN BHD

Registration No. 198701006854 (165570-W)

NOTIFICATION OF DEATH OF DEPOSITOR

CDS ACCOUNT NO. ☐☐☐ – ☐☐☐ – ☐☐☐☐☐☐☐☐☐

NAME OF DECEASED DEPOSITOR :_____

NRIC / PASSPORT NO. :_____

ADDRESS :_____

_____

Please cross (√) where applicable

☐ *Probate/Letters of Administration *was/were granted to *me/us on:_____

☐ The securities enumerated below *was/were distributed to *me/us pursuant to a distribution order dated _____

NAME	NRIC NO.	ADDRESS	TEL. NO.

eMail Address: _____

*I/We hereby request Bursa Malaysia Depository Sdn Bhd ("Bursa Depository") to transfer the deposited securities to the CDS accounts as follows: -

NAME :_____

CDS A/C No. :_____

NRIC/Passport No. :_____

NAME OF SECURITIES	QUANTITY

NAME :_____

CDS A/C No. :_____

NRIC/Passport No. :_____

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1) declare that the *Probate/Letters of Administrations/distribution order granted to *me/us *has/have not been revoked, invalidated and/or annulled at any point of time, immediately prior to and at the time of production and presentation of the said *Probate/Letters of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

TOT Ref No: _____

FOR OFFICE USE ONLY

CHECKED/VERIFIED BY : _____ DATE : _____

APPROVED BY : _____ DATE : _____

FORM A