**BURSA MALAYSIA ISLAMIC SERVICES SDN. BHD. (853675-M)**

### Form 1: PARTICIPATION REGISTRATION AND SUPER USER ID APPLICATION FORM

**PART A:** *To be filled in by the Applicant.*

Organization Name: _____ Preferred Short Name: ☐☐☐☐☐☐☐☐

User Full Name: _____ New NRIC: ☐☐☐☐☐☐ ☐☐☐ ☐ ☐☐☐☐

Designation: _____ Passport No.: ☐☐☐☐☐☐

Contact No: (Office) _____ Date of Birth: _____

(Mobile) _____

(Fax) _____ ☐ Male ☐ Female

E-mail Address: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Executing Participant (CEP) ☐

Commodity Supplying Participant (CSP) ☐

Commodity Trading Participant (CTP) ☐

_____        _____
Signature                                    Date

---

**PART B:** *To be filled by the Authorized Signatory of the Participant.*

I, the undersigned, hereby confirm our application to be registered as participant of the BCH System and request for the application of Super User ID for the above stated applicant.

**Approved by**:

_____        _____
Signature                                                    Date:

Name:

Designation:

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**PART C:** *To be filled by BMIS*

| **Approved by:** | **User ID Assigned by:** | **User ID Communicated to User by:** |
|---|---|---|
| _____ | _____ | _____ |
| Name: | Name: | Name: |
| Designation: | Designation: | Designation: |
| Date: | Date: | Date: |

*Note: Your data privacy is important to us. Please view our Personal Data Notice at http://www.bursamalaysia.com/personal-data notice*

**BURSA MALAYSIA ISLAMIC SERVICES SDN. BHD. (853675-M)**

**Form 2: AUTHORIZED SIGNATORIES LIST**

**PART A:** *To be filled in by the Participant.*

Organization Name: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Executing Participant (CEP)

Commodity Supplying Participant (CSP)

Commodity Trading Participant (CTP)

| No. | Authorized Signatory | Designation | Specimen Signature |
|-----|---------------------|-------------|--------------------|
|     |                     |             |                    |
|     |                     |             |                    |
|     |                     |             |                    |
|     |                     |             |                    |
|     |                     |             |                    |

I, the undersigned, hereby certify that the authorized signature(s) stated above are approved to authorize system access function for the BCH System.

_____    _____

Signature                                                          Effective Date

Name:

Designation:

_____

Affix Organization Rubber Stamp

**PART B:** *To be filled by BMIS*

**Received by:**

_____

Name:

Designation:

Date:

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**Form 3: INTERNET PROTOCOL (IP) ADDRESS CONTROL FORM**

**PART A:** *To be filled in by the Participant.*

Organization Name: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Executing Participant (CEP)  ☐

Commodity Supplying Participant (CSP)  ☐

Commodity Trading Participant (CTP)  ☐

Please limit the access to the BCH System to the following IP addresses only. *I/We undertake to take necessary steps to comply with the requirements of the Rules of Bursa Malaysia Islamic Services Sdn. Bhd. in relation to this notification.

_____          _____
            Signature                                      Signature

Name: _____                  Name: _____

Designation: _____           Designation: _____

Date: _____                  Date: _____

***Delete whichever not applicable.**

| User Name | IP Range 1 | IP Range 2 | IP Range 3 |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Note:* Participant may specify just the IP ranges if the User Name is not yet available in which case all Users' access will be limited to the IP ranges stated above collectively.

**PART B:** *To be filled by BMIS*

**Received by:**                **Approved by:**                **Deleted and Communicated by:**

_____              _____              _____

Name: _____          Name: _____          Name: _____

Designation: _____    Designation: _____    Designation: _____

Date: _____          Date: _____          Date: _____

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**Form 4: REMOVAL OF SUPER USER ID APPLICATION FORM**

**PART A:** *To be filled by the Authorized Signatories of the Participant.*

Organization Name: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Executing Participant (CEP) ☐

Commodity Supplying Participant (CSP) ☐

Commodity Trading Participant (CTP) ☐

| No. | Super User Name | Super User ID |
|-----|-----------------|---------------|
|     |                 |               |
|     |                 |               |

I, the undersigned, hereby authorized Bursa Malaysia Islamic Services Sdn. Bhd. to remove the Super User ID stated above, effective on_____.

**Requested by**:

_____                    _____
Signature                                                          Date:

Name:

Designation:

**PART B:** *To be filled by BMIS*

**Received by:**                     **Approved by:**                     **Deleted and Communicated by:**

_____          _____          _____

Name:                                    Name:                                    Name:

Designation:                         Designation:                         Designation:

Date:                                     Date:                                     Date:

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**BURSA MALAYSIA ISLAMIC SERVICES SDN. BHD. (853675-M)**

| | |
|---|---|
| **Form 5: APPLICATION TO AMEND /CANCEL INTERNET PROTOCOL (IP) ADDRESS FORM** | |

**PART A:** *To be filled by the Participant.*

Organization Name: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Executing Participant (CEP)          ☐

Commodity Supplying Participant (CSP)          ☐

Commodity Trading Participant (CTP)          ☐

Please *amend / cancel the access to the BCH System to the following IP address.

| _____ | _____ |
|---|---|
| Signature | Signature |

Name: _____          Name: _____

Designation: _____          Designation: _____

Date: _____          Date: _____

***Delete whichever not applicable.**

| User Name | IP Range 1 | IP Range 2 | IP Range 3 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

*Note:* Participant may specify just the IP ranges if the User Name is not yet available in which case all Users' access will be limited to the IP ranges stated above collectively.

**PART B:** *To be filled by BMIS*

**Received by:**          **Approved by:**          **Deleted and Communicated by:**

_____          _____          _____

Name: _____          Name: _____          Name: _____

Designation: _____          Designation: _____          Designation: _____

Date: _____          Date: _____          Date: _____

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**Form 6: CEP ENGAGEMENT FORM**

**PART A:** *To be filled by the Participant.*

Organization Name: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Supplying Participant (CSP)  ☐

Commodity Trading Participant (CTP)  ☐

*I/We would hereby notify Bursa Malaysia Islamic Services Sdn. Bhd. that the following Commodity Executing Participants (CEP) shall be allowed to place orders for *my/our organisation.

| _____ | _____ |
| :---: | :---: |
| Signature | Signature |

Name: _____       Name: _____

Designation: _____       Designation: _____

Date: _____       Date: _____

***Delete whichever not applicable.**

| No. | Commodity Executing Participant |
| :---: | :--- |
|  |  |
|  |  |
|  |  |
|  |  |

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**PART B:** *To be filled by BMIS*

**Received by:**          **Approved by:**          **Deleted and Communicated by:**

_____       _____       _____

Name: _____       Name: _____       Name: _____

Designation: _____       Designation: _____       Designation: _____

Date: _____       Date: _____       Date: _____

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**BURSA MALAYSIA ISLAMIC SERVICES SDN. BHD. (853675-M)**

**Form 7: CEP ENGAGEMENT TERMINATION FORM**

**PART A:** *To be filled by the Participant.*

Organization Name: _____

Participantship Type: (*Please indicate with a* (**X**))

Commodity Supplying Participant (CSP)          ☐

Commodity Trading Participant (CTP)             ☐


*I/We would hereby notify Bursa Malaysia Islamic Services Sdn. Bhd. that *I/We would terminate *my/our engagement with the following Commodity Executing Participants (CEP).


_____          _____
              Signature                                      Signature

Name:                                        Name:

Designation:                                 Designation:

Date:                                        Date:

***Delete whichever not applicable.***

| No. | Commodity Executing Participant | Effective Date |
|-----|--------------------------------|----------------|
|     |                                |                |
|     |                                |                |
|     |                                |                |
|     |                                |                |


**PART B:** *To be filled by BMIS*

**Received by:**                    **Approved by:**                    **Deleted and Communicated by:**


_____          _____          _____


Name:                              Name:                              Name:

Designation:                       Designation:                       Designation:

Date:                              Date:                              Date:


*Note:*

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