# **CDS GUIDE FOR DEPOSITOR** APPENDICES

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### BURSA MALAYSIA DEPOSITORY SDN BHD REGISTRATION NO. 198701006854 (165570-W)

CDS ACCOUN Where relevant, this form must be submitted together with the relevant supporting docu	VT FORM ments. Please read the instructions on the reverse before completing this form.
CROSS (X) WHERE APPLICABLE	
APPLICATION FOR OPENING OF ACCOUNT  APPLICATION FOR UPDATING  (Please complete the fields den	G OF ACCOUNT PARTICULARS  Order with "#"and the relevant particulars to be up (Please complete the fields denoted with "#")
CDS ACCOUNT NUMBER (For new account opening, ADA to complete) #	CROSS (X) WHERE APPLICABLE
OLD NRIC/PASSPORT/AUTHORITY CARD/REG.NO: #	MALAYSIAN FOREIGNER NEW NRIC NO.: #
OLD INICPASSPORT/AUTHORITT CARD/REG.ING. #	NEW WAICHOL. #
NAME OF APPLICANT/DEPOSITOR (AS PER NRIC/PASSPORT/AUTHORITY CARD/BUSINESS REGISTRATION	N DOCUMENT): #
	<del>                                      </del>
REGISTERED ADDRESS OF APPLICANT/DEPOSITOR (AS PER NRIC/PASSPORT/AUTHORITY CARD/BUSINES	S DECISTRATION DOCUMENT)
REGISTERED ADDRESS OF AFFECANT/DEFOST ON (AS FEW WING/FASSFORT/ACTION IT CAND/DOSINES	SKEUSTRATION DOCUMENT)
POST CODE: TOWN:	
STATE: COUNTRY:	2015
CORRESPONDENCE ADDRESS OF APPLICANT/DEPOSITOR (IF DIFFERENT FROM THE REGISTERED ADDRESS A	BOVE)
	<del>                                      </del>
POST CODE: TOWN:	
STATE: COUNTRY:	
	RACE/OWNERSHIP:
HOUSE/OFFICE TELEPHONE NO.	
	Durs Duo Dooysous 277 (5 111/4 2000 UST)
BANK NAME: JOINT BANK ACCOUNT:	Cross (X) if you wish the same bank account
BANK ACCOUNT NO.	information to be used for all your CDS accounts.
	REVOKE CONSOLIDATION (BANK ACCOUNT)  Cross (X) if you wish to revoke a previous request
EMAIL ADDRESS	to consolidate (bank account)
HANDPHONE NO.	
ACCOUNT QUALIFIER (FOR TRUSTEES/CORPORATE BODY) (IF ANY):	For Account Qualifier
	NEW NRIC NO.: #
	OLD NRIC/PASSPORT/AUTHORITY CARD/REG.NO: #
	OLD WRIC/FASSPORT/AUTHORITT CARD/REG.NO. #
	DACE (OMALEDCIUD)
	RACE/OWNERSHIP:
*I / We hereby make the declarations stated in "Declaration By Applicant/Depositor/Authorised DE	(For account opening and add/update bank account information)  ECLARATION BY DEALER'S REPRESENTATIVE/ADA'S AUTHORISED OFFICER(S)/NOTARY PUBLIC/
Signatory(ies)/Attorney(s)" under *Part A / Part B overleaf.	OTHERS AS APPROVED BY BURSA MALAYSIA DEPOSITORY SDN BHD ("BURSA DEPOSITORY")  (To be completed when the method of verification is by any of the above persons)
l her	reby affirm and attest that the particulars of the applicant/depositor have been verified to be true and
*sign	ature(s)/thumbprint(s) of the *applicant/depositor/authorised signatory(ies)/attorney(s) belong(s) to t
	olicant/depsositor/authorised signatory(ies)/attorney(s) who *has/have appeared in person before me VAME:
	VALVIL .
N	NRIC NO. :
L	ICENSE NO. :
	if applicable) DESIGNATION :
* Delete whichever is inapplicable	SESIGNATION .
	GIGNATURE : DATE :
FOR OFFICE USI	
To be completed by ADA/ADM/Bursa Depository (Sign and affix company rubber-stamp)	Applicant Account Qualifier  INVESTOR TYPE ACCOUNT TYPE INVESTOR TYPE
CDS ACCOUNT CLOSED ON:	TAGGING CODE BENEFICIARY BENEFICIARY
VERIFIED BY : DATE :	CROSS (X) WHERE APPLICABLE (FOR INDIVIDUALS ONLY)
VERNICO DI . DATE :	Applicant appeared in person and the original *NRIC/Passport/Authority Card was verified by ADA/ADM.
APPROVED BY : DATE :	Application received from*Dealer Representative/ADA's Authorised Officer(s)/Notary Public/
	Others as approved by Bursa Depository.
DATA ENTRY BY : DATE :	Non Face To Face Verification

FMN070 N/F17

#### 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 [Product & Services-Central Depository System (CDS)-Procedures Manua 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 persons or 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 car (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

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

1 Supporting Documents: Please refer to www.bursamalaysia.com [Product & Services-Central Depository System (CDS)-Procedures Manua 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 securitie 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.
  - \*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 Britanic 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
pearing Registration No pursuant to which this form is executed has not beer
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:

	Name	Designation
i.	A	CEO
ii.	B	Director
iii.	C	Director
iv.	D	Company Secretary
ν.	E	GM

### Example 2

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

	Name	Designation
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:

	Name	Designation
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		
	6 <sup>th</sup> Floor Exchange Square Bukit Kewangan		
	50200 Kuala Lumpur		
Dear	Sir,		
presci impre special effect afores	ribed CDS Forms (hereinafter essed with the facsimile sign men of which is furnished he to the transactions requested for	r referred to as "the said I natures oferewith, we hereby agree or in the said Forms which Authorised Depository	ccept and act upon all or any of the forms") bearing our common seal and, a and confirm that you may accept and a are executed by us in the manner as Agents for effecting the requested the terms hereafter stated.
use of Form will b	of the instrument or equipment or any other forms to be in	ent for impressing the factorized by Bursa Deposito the genuineness or authorized by the second control of the	ensible for the misuse or unauthorised esimile signatures on any of the said sitory from time to time and that you menticity of the facsimile signatures as
We h	ereby undertake:-		
(a)	-	horised officer(s)] securely	effecting facsimile signatures [except of locked in our safe/vault and to report
(b)	demands, costs, damage exp	penses and all other liabil ur accepting and effecting	full, against all or any loss, claims, ities of whatsoever nature which may the said Forms bearing such facsimile abovenamed persons.
Dated	1 this	day of	уууу
The C	Common Seal of	)	
1		)	
	nereunto fixed in the nce of:	)	
prese	nice of.	Director	Director / Secretary

# PERMOHONAN UNTUK MENGAKTIFKAN AKAUN CDS Application for Reactivation of CDS Account Bahagian 1 Part 1: Untuk diisi oleh pendeposit To be completed by depositor Pangkah (X) yang berkenaan / Cross (X) where applicable AKAUN TIDAK AKTIF / Inactive Account AKAUN DORMAN / Dormant Account NOMBOR AKAUN CDS : CDS ACCOUNT NUMBER NO. KP. LAMA/PASPORT/ANGGOTA TENTERA/POLIS/PENDAFTARAN: \* NO. KP. BARU: Old NRIC/Passport/Armed Forces/Police Personnel/Reg. No.: \* New NRIC Number NAMA PENDEPOSIT Name of Depositor Account Qualifier (For Corporate Body, if any): \* \*Saya/Kami dengan ini memohon untuk mengaktifkan akaun di atas dari status dorman/tidak aktif kepada status aktif. \*I/We hereby wish to activate the above account from dormant/inactive status to active status. \*TANDATANGAN PENDEPOSIT /PENANDATANGAN DIBERIKUASA/PERWAKILAN MELALUI SURAT KUASA \*\* TARIKH \* Signature of Depositor/Authorised Signatories/Attorney (s) \*\* Date \*\* Lekatkan meterai rasmi syarikat atau cop rasmi syarikat (di mana perlu) \*\* Affixation of common seal or co. rubber-stamp (where applicable) UNTUK KEGUNAAN PEJABAT SAHAJA For Office Use Only Untuk diisi oleh ADA/ADM\* To be completed by ADA/ADM\* (Sign and affix company rubber-stamp) (Tandatangan dan lekatkan cop rasmi syarikat) YA TIDAK BAYARAN DITERIMA DAN RESIT DIKELUARKAN (untuk akaun dorman) Payment received and receipt issued (for dormant account) No

TARIKH

TARIKH Date

TARIKH DIAKTIFKAN Reactivated On

Date

DISAHKAN OLEH

DILULUSKAN OLEH

\*POTONG YANG TIDAK BERKENAAN \*Delete where inapplicable

Verified By

Approved By

DIAKTIFKAN OLEH

# 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
- 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.

## **Updates of Investor Particulars and the Supporting Documents Required**

<b>Types of Changes</b>	Individual	Corporate Depositor
1. Investor ID	Two (2) copies of NRIC / Passport / Authority Card or other forms of acceptable identification documents.	Two (2) certified true copies of document(s) evidencing the incorporation or registration of the company, the company's current name and registration number or Letter Of Confirmation from Companies Commission Of Malaysia (CCM) or any other confirmation letter from relevant authority.
Beneficiary ID (for authorized nominee account)	One (1) copy of the same document mentioned above	One (1) copy of the same document as mentioned above
2. Registered Address	Two (2) copies of NRIC / Passport / Authority Card or other forms of acceptable identification documents indicating the change in registered address.	One (1) certified true copy of notice of change of registered address lodged with the Registrar of Companies or its equivalent.
3. Investor Type	Depositor to indicate accordingly by completing FMN070.	Two (2) certified true copies of notice of conversion to a private company/public company issued by the Registrar of Companies or its equivalent.
Beneficiary's Investor Type	Same as above	One (1) copy of the same type of documents mentioned above.
4. Nationality / Place of Incorporation	Two (2) copies of Malaysian NRIC or passport indicating the nationality.	One (1) certified true copy of document(s) evidencing the incorporation or registration of the company, the company's current name and registration number or its equivalent.
5. Name	Two (2) copies of NRIC / passport / Authority Card or other forms of acceptable identification documents.	One (1) certified true copy of document(s) evidencing the incorporation or registration of the company, the company's current name and registration number or its equivalent.

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

NO. K.P. LAMAP ASSORTIKAD UUSAPPENDATARAN: OUR DIRECTORY OF DEPOSITION NO. K.P. LAMAP ASSORTIKAD UUSAPPENDATARAN: OUR DIRECTORY OF DEPOSITION NAMA PENDEPOSIT. MAME OF DEPOSITOR:  NAMA PENDEPOSIT. MAME OF DEPOSITOR:  NAMA PENDEPOSIT. MAME OF DEPOSITOR:  PENGGANTUNGAN SECRETI SUSPENSION  PENGGANTUNGAN SECRETI SUSPENSION  PENGGANTUNGAN SECRETI SUSPENSION OF SECURITIES  KOD SEKERITI SECRETIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKERITI SECRETIES CODE. NAMA SEKURITI NAME OF SECURITIES  SEBAB PENGGANTUNGAN RELISON FOR SUSPENSION:  PELEPASAN PENGGANTUNGAN RELISON FOR SUSPENSION:  PELEPASAN PENGGANTUNGAN SEKURITI RELEGIO F ACCOUNT SUSPENSION  PELEPASAN PENGGANTUNGAN SEKURITI RELEGIO F SUSPENSION OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KOD SEKURITI SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  KUANITII QUINTITY.  INDICATOR OF THE SECURITIES CODE. NAMA SEKURITI NAME OF SECURITIES  TARIKI DATE	PERMOHONAN PENGGANTUNGAN / PELEPASAN PENGGANTUNGAN SEKURITI  APPLICATION FOR SUSPENSION / RELEASE OF SUSPENSION OF SECURITIES		
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(Tandatangan dan lekatkan cop rasmi syarikat) (Sign and affix company rubber-stamp)  DIPERIKSA OLEH:  CHECKED BY  TARIKH DATE  DISEMAK OLEH:  DISEMAK OLEH:  DISEMAK OLEH:  DISEMAK OLEH:  APPROVED BY  TARIKH DATE  DATA DIMASUKKAN OLEH:  DATA DIMASUKKAN OLEH:	UNTUK KEGUNAAN PEJ	ABAT SAHAJA FOR OFFICE USE ONLY	
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		APPROVED BY TARIKH DATE	

# 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.

I	(NRIC No	) have distinctly, clearly and audibly interpreted the
above in	the languag	ge/dialect to the abovenamed person who seemed to clearly
understa	nd the above and who ma	de his/her mark in my presence.

- 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.

BALANCE ENQUIRY REQUEST		
NAME OF DEPOSITOR :	OLD NRIC/PASSPORT/AUTHORITY CARD/REG. NO. :	
	NEW NRIC NO. :	
Kindly complete Part 1, 2 and 3 and cross ( X ) whichever is applicable		
PART 1  ( ) CDS ACCOUNT NO.:     or     ( ) *All CDS accounts     or     ( ) *CDS accounts as specified on the list of CDS accounts lodged together with the authorisa     Note:* only applicable for corporate depositor using a single form for more than 1 (one)		
PART 2 NAME OF SECURITIES:- ( ) All securities     or ( ) A specific securities		
PART 3 BALANCE REQUESTED BY:- ( ) Depositor ( ) Dealer's Representative (DR) ( ) Person authorised by the Depositor (other than the DR)		
**SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORY(IES)/ ATTORNEY(S) / DEALER'S REPRESENTATIVE / OTHERS ***  **Delete whichever applicable  ***Affixation of common seal or company rubber-stamp (where applicable)		
FOR OFFICE USE ONLY		
To be completed by ADA Sign and affix company rubber-stamp (required for ADA)		
APPROVED BY :	DATE :	
BALANCE RELEASED BY :	DATE :	

AUTHORISATION FOR BALANCE ENQU	IRY REQUEST			
NAME OF DEPOSITOR:	OLD NRIC/PASSPORT/AUTHORITY CARD/REG. NO. :			
	NEW NRIC NO. :			
Please cross ( X ) whichever is applicable				
( ) CDS ACCOUNT NO. :	1			
or				
<ul> <li>*All CDS accounts that have been opened as at the day of this application and any future or</li> </ul>	CDS account to be opened			
( ) *Attached list of CDS accounts  Note: * only applicable for corporate depositor using a single form for more than 1 (one) CDS a	ecount			
Total Company approach to the position adjusted as a surger comment made man 1 (colo) and a				
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.				
<ol> <li>The abovestated dealer's representative is authorised to execute on my behalf the Balance E Bursa Malaysia Depository Sdn Bhd ("Bursa Depository")</li> </ol>	nquiry Request Form as prescribed by			
*3. The authority hereby given shall take effect on the date stipulated in the notice of acceptance two (2) market days after receipt of this authorisation by the ADA and shall remain in force, a (Please choose the authorisation period by crossing ( X ) at the appropriate field below) ( ) (stated the exact date the authorisation is to remain in force),				
or				
<ul> <li>indefinite period.</li> <li>This authorisation will remain in force unless revoked by me prior to the above date or perior form for Revocation of Authorisation for Balance Enquiry Request or revoked automatically a is no longer with the ADA.</li> </ul>				
4. I hereby release (state the	ADA concerned) and Bursa Denository from all liabilities of			
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.				
5. This authorisation shall not in any way allow or permit the abovestated dealer's representati				
contained in my abovestated CDS account(s) without my prior written consent or authorisation	on.			
**SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORY(IES)/ ATTORNEY(S)***				
**Delete whichever applicable  ***Affixation of common seal or company rubber-stamp (where applicable)	DATE			
SIGNATURE OF THE ABOVESTATED DEALER'S REPRESENTATIVE	_			
FOR OFFICE USE ONLY				
To be completed by ADA Sign and affix company rubber-stamp (required for ADA)				
RECEIVED BY :	TIME / DATE :			
VERIFY BY :	DATE :			
APPROVED BY :	DATE :			

REVOCATION OF AUTHORISATION FO	R BALANCE ENQUIRY REQUEST
NAME OF DEPOSITOR:	OLD NRIC/PASSPORT/AUTHORITY CARD/REG. NO. :
	NEW NRIC NO. :
Please cross ( X ) whichever is applicable	
( ) CDS ACCOUNT NO. :	
or ( ) *CDS accounts as specified on the list of CDS accounts lodged together wit Note:* only applicable for corporate depositor using a single form for more than	·
1. I, the abovenamed person, herby revoked absolutely and unconditionally the au	uthorisation given to
(state the name of the dealer's representative)  Authorisation For Balance Enquiry Request dated  any securities of any company.	(I/C number) License No vide
<ol> <li>I agree and acknowledge that the revocation shall take effect on the date stipula by the ADA to me not later than two (2) market days after receipt of this revoca</li> </ol>	
**SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORY(IES)/ ATTORNEY(S) **  **Delete whichever applicable  ***Affixation of common seal or company rubber-stamp (where applicable)	* DATE
FOR OFFICE USE	OWLY
FOR OFFICE USE	UNLY
To be completed by ADA Sign and affix company rubber-stamp (required for ADA)	
RECEIVED BY	TIME / DATE :
VERIFY BY :	
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:		
SIGNATURE OF ACCOUNT HOLDER	DATE	
FOR OFFICE  To be completed by ADA  (Sign and affix company's rubber stamp)	USE ONLY	
ATTENDED BY:(Authorised signatory)	DATE :	

PENGGABUNGAN/PEMBATALAN PENGGABUNGAN PENYATA AKAUN CDS CONSOLIDATION/REVOCATION OF CONSOLIDATED CDS STATEMENT OF ACCOUNT		
Sila pangkah (X) yang berkenaan / Please cross (X) where applicable	Untuk diisi oleh ADA To be completed by ADA	
PENGGABUNGAN PENYATA AKAUN CDS / CONSOLIDATION OF CDS STATEMENT OF ACCOUNT	, , , , , , , , , , , , , , , , , , ,	
PEMBATALAN PENGGABUNGAN PENYATA AKAUN CDS / REVOCATION OF CONSOLIDATED CDS STATEMENT OF ACCOUNT		
NOMBOR AKAUN CDS CDS ACCOUNT NUMBER:		
NO. KP. LAMA/PASPORT/KAD KUASA/PENDAFTARAN: OLD NRICIPASSPORT/AUTHORITY CARD/REG. NO.: NO. KP. BARU NEW NRIC NO.:		
NAMA PENDEPOSIT NAME OF DEPOSITOR:		
AKAUN KELAYAKAN (UNTUK KEGUNAAN BADAN KORPORAT SAHAJA) : ACCOUNT QUALIFIER (FOR CORPORATE BODY ONLY) :		
ALAMAT SURAT- MENYURAT CORRESPONDENCE ADDRESS:		
POSKOD POST CODE: BANDAR TOWN:	NEGERI STATE:	
POSKOD POST CODE: BANDAK TOWN:	NEGERI STATE:	
NEGERI STATE: NEGARA COUNTRY: NO. TELEFON TELEPHONE NO.:	NEGARA COUNTRY:	
MUSTAHAK IMPORTANT  Penggahungan Penyata Akaun CDS akan menyelaraskan penghantaran semua notis CDS dan Penyata Akaun Gabungan di alamat surat menyarat ya	ng dilengkankan di atas	
Penggabungan Penyata Akaun CDS akan menyelaraskan penghantaran semua notis CDS dan Penyata Akaun Gabungan di alamat surat-menyurat yang dilengkapkan di atas. Sekiranya anda tidak lagi mahu menerima Penyata Akaun Gabungan, Bursa Depository akan terus menggunakan alamat yang di atas bagi penghantaran semua notis dan		
Penyata-penyata Akaun CDS kecuali jikalau pengemaskinian alamat surat-menyurat bagi setiap akaun dibuat dengan menggunakan borang yang telah Bursa Depository.	ditetapkan oleh	
Bursa Depository will send all future CDS notices and Consolidated CDS Statement of Account to the correspondence address indicated above. In the event	of revocation of the	
condolidated CDS Statement of Account, Bursa Depository will continue to utilise the above correspondence address to send all CDS notices and Statement of correspondence address of the respective account is updated by the depositor using the Bursa Depository prescribed form.	of Accounts unless the	
correspondence adaress of the respective account is updated by the depositor using the bursa Depository prescribed form.		
TANDATANGAN PENDEPOSIT /PENANDATANGAN DIBERI KUASA * SIGNATURE OF DEPOSITORAUTHORISED SIGNATORY(IES) * DA	IKH TE	
* Lekatkan meterai rasmi syarikat atau cop rasmi syarikat (di mana perlu) Affix common seal or company rubber-stamp (where applicable)		
UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY		
Untuk diisi oleh ADA To be completed by ADA (Tandatangan dan lekatkan cop rasmi syarikat) (Sign and affix company rubber-stamp)		
DISEMAKKAN OLEH : TARIKH : DATE		
DILULUSKAN OLEH : TARIKH : APPROVED BY DATE		
DATA DIMASUKKAN OLEH : TARIKH DATE :		

PERMOHONAN MENDEPOSIT SEKURITI SECURITIES DEPOSIT REQUEST			
BUTIR - BUTIR PENDEPOSIT PARTICULARS OF DEPOSITOR			
NO. AKAUN CDS CDS ACCOUNT NO :  NAMA PENDEPOSIT DAN AKAUN KELAYAKAN ( J NAME OF DEPOSITOR AND ACCOUNT QUALIFIER		TARIKH DATE:	
BUTIR - BUTIR SIJIL PARTICULARS OF CERTIFICATE(S)			
KOD SEKURITI SECURITIES CODE :	NAMA SEKURITI NAME OF SECURITIE	S:	
NO. SIJIL DARI CERTIFICATE NO. FROM	HINGGA NO. SIJIL TO CERTIFICATE NO.	KUANTITI QUANTITY	
JUMLAH BILANGAN SIJIL : TOTAL NO. OF CERTIFICATE(S):	JUMLAH BILANGA TOTAL NO. OF SH	AN SAHAM : HARES :	
TANDATANGAN PENDEPOSIT/PENANDATANGAN SIGNATURE OF DEPOSITOR/AUTHORISED SIGNA	ATORY (IES)	WOT ONLY	
Untuk diisi oleh ADA/ADM To be completed by ADA	EGUNAAN PEJABAT SAHAJA FOR OFFICE : VADM	USE ONLY	
(Tandatangan dan lekatkan cop rasmi syarikat) (S			
TARIKH DITERIMA : MAS DATE RECEIVED : TIMI	SA: E:		
DISEMAK OLEH :  VERIFIED BY :	 T <b>AR</b> I DATI		
DILULUSKAN OLEH : APPROVED BY :	TARI DATI	IKH :	
DATA DIMASUKKAN OLEH : DATA ENTRY BY :			
NO. RUJUKAN DEPOSIT :  DEPOSIT REFERENCE NO :			

## 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
<u>Depositor</u>
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

		ANSFER OF SECURITIES REQU	EST	
A. BUTIRAN PENDEPOSIT PARTICULARS OF DEPOSITOR	nan sebelah borang ini Please rea	d the instructions on the reverse side of this form )	BUTIRAN SAKSI PARTICULARS OF WITNESS	
		В.	BUTIKAN SAKSI PARTICULARS OF WITNESS	
NO. AKAUN CDS CDS ACCOUNT NO.:		NAMA NAME	: - <u></u> -	
NAMA PENDEPOSIT DAN AKAUN KELAYAKAN (jika berkenaan) NAME OF DEPOSITOR AND ACCOUNT QUALIFIER(if applicable)		NO. KP / PASSPORT NRIC NO. / PA	ASSPORT :	
		ALAMAT ADDRESS	:	
	<b>-</b>			
	_	JAWATAN OCCUPATION		
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. We hereby affirm and declarer bath te transfer is in accordance with the directions stipulated in the reverse side of this form		<i>uunini</i> 6555,711611		
and that the representation made under item E below is true.				
		TANDATANGAN SIGNATURE	:	
TANDATANGAN PENDEPOSIT / PENANDATANGAN DIBERI KUASA SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORIES	TARIKH DATE	TARIKH DATE	:	
C. BI	JTIRAN PENERIMA PARTICU	LARS OF TRANSFEREE		
NO. AKAUN CDS CDS ACCOUNT NO :				
NAMA PENERIMA PINDAHAN DAN AKAUN KELAYAKAN (jika berkenaan) NAME OF TRANSFEREE AND ACCOUNT QUALIFIER (i	f applicable)			
D. BUTIRAN SEKURITI PARTIC	ULARS OF SECURITIES		UNTUK KEGUNAAN PEJABAT/FOR OFFICE U	
KOD SEKURITI SECURITIES CODE: NAMA SEKURITI NAME OF SECURITIES: KUANTITI QUANTITY:	KUANTITI DALAM PERKATAAN Q	QUANTITY IN WORDS :	NO. RUJUKAN PINDAHAN TRANSFER REF. NO.	
<b>7.</b>				
2				
<b>7</b> 3				
4				
5				
E. KATEGORI DAN SEBAB-SEBAB PIN	DAHAN YANG DIBENARKAN	CATEGORY AND APPROVED REASONS I	FOR TRANSFER	
E. KATEGORI DAN SEBAB-SEBAB PINDAHAN YANG DIBENARKAN CATEGORY AND APPROVED REASONS FOR TRANSFER  Sila rujuk perkara 8 di halaman sebelah borang in Please refer to Item 8 on the reverse side of this form  (Sila pangkah "X" dikotak yang berkenaan Please cross "X" on the relevant box )				
		ase cross "X" on the relevant box )		
Kategori Category  A Tiada pertukaran pemilikan benefisial Kategori No change in beneficial ownership Category  B Pertukaran pemilikan beneficial ownership Category				
Sebab-sebab untuk kategori B sahaja:  B1  Tawaran Pengan Take-Over Offer	nbilan B3 Pindaha Transfei	n melibatkan Pihak Berkuasa Kerajaan r involving Government Authorities	B5 Sebab-sebab dengan kebenaran Bursa Depository terdahulu Reasons with prior approval of Bursa Depository	
Reasons for category B only:  B2 Ahli keluarga	B4 Gadaian	/Sandaran		
Family member	Pledge/0	Charge	*(No. rujukan yang diluluskan dinyatakan dalam surat kelulusan Bursa Depository)	
			*(Approval reference number stipulated in Bursa Depository's approval letter) *(hanya untuk B5 sahaja applicable for B5 only )	
	KEGUNAAN PEJABAT SAHAJ	IA FOR OFFICE USE ONLY		
Untuk dilsi oleh ADA To be completed by ADA (Tandatangan dan lekatkan cop rasmi syarikat Sign and affix company rubber-stamp)				
TARIKH TERIMA DATE RECEIVED		MASA TIME : _		
DISEMAK OLEH <i>VERIFIED BY</i>		TARIKH DATE :		
DATA DIMASUKKAN OLEH (Peringkat ke 1) DATA ENTRY BY (1st Level)		TARIKH DATE :		
DILULUSKAN OLEH (Peringkat ke 2) APPROVED BY (2nd Level) :		TARIKH DATE : _		
NOTA PENTING: SILA BACA ARAHAN DI HALAMAN SEBALIK SEBELUM MELENGKAPKAN BORANG INI. IMPORTANT	NOTE : PLEASE READ THE I	NSTRUCTIONS OVERLEAF BEFORE COM	IPLETING THIS FORM.	



### BURSA MALAYSIA DEPOSITORY SDN BHD

		COMPANY REGISTRATION NO: 1987		
	PERMOHONAN PINDAHAN	SEKURITI TRANSFER OF SEC	CURITIES REQUEST	
Δ BUTIRAN PENDEPOSIT P	ARTICULARS OF DEPOSITOR	B.	BUTIRAN PENERIMA PARTICULARS	OF TRANSFERFE
		<u>'</u>		
NO. AKAUN CDS CDS ACCOUNT NO .:		NO. AKAUN CI	DS CDS ACCOUNT NO :	
			PORT NRIC NO. / PASSPORT :	
NO. KP / PASSPORT NRIC NO. / PASSPORT :		NO. KP / PASS	PORT NRIC NO. / PASSPORT :	
NAMA PENDEPOSIT DAN AKAUN KELAYAKAN (Jika berkenaan) NAME OF DEPOS	SITOR AND ACCOUNT QUALIFIER(If applicable)	NAMA PENERI	IIMA PINDAHAN DAN AKALIN KELAYAKAN (Ilka berkenaan) NAME OF	TRANSFEREE AND ACCOUNT QUALIFIER (Fapplicable)
Saya/Kami mengesahkan dan mengistiharkan bahawa pindahan ini ada di halaman sebelah borang ini dan penerangan yang dibuad di bawah p liWe bereby affirm and deolare that the transfer is in accordance with the direct and that the representation made under item D below is true.	erkara D adalah benar.			
TANDATANGAN PENDEPOSIT / PENANDATANGAN DIBERI KUASA	TARIKH	DATE		
SIGNATURE OF DEPOSITOR / AUTHORISED SIGNATORIES  C.	BUTIRAN S	SEKURITI PARTICULARS OF SECURITIE	55	
KOD SEKURITI NAMA SEKURITI KUANTITI	COMPUTER GENERATED	) KOD SEKURITI	NAMA SEKURITI KUANTITI	COMPUTER GENERATED
SECURITIES CODE: NAME OF SECURITIES: QUANTITY:	NO. RUJUKAN PINDAHAN TRANSFER REF	NOD SERVICE	NAME OF SECURITIES: QUANTITY:	NO. RUJUKAN PINDAHAN TRANSFER REF. NO.
2		12		
3		13.		
4		14.		
5.		15.		
		18.		
		17.		
		18.		
9		19.		
10.		20.		
D. KA	TEGORI DAN SEBAB-SEBAB PINDAHAN YANG DIBENAR (Sila baca panduan di halaman sebelah bo			
<u> </u>				
Kategori A Tiada pertukaran pemilikan benefisial Kategory No change in beneficial ownership Category	Change in beneficial ownership			
Sebab-sebab untuk ka	Take-Over Offer	B3 Pindahan melibatkan Pihak Be Transfer involving Government		enaran Bursa Depository terdahulu val of Bursa Depository
Reasons for category is	Abil kolupras	Gadalan/Sandaran		
	Family member	B4 Gadalari/Sandaran Pledge/Charge		
			"(Approval reference number stipula "(hanya untuk B5 sahaja appiicable	lakan dalam surat kelulusan Bursa Depository) ited in Bursa Depository's approval letter) for B5 only)
Untuk dilsi oleh ADA. To be completed by ADA	UNTUK KEGUNAAI	IN PEJABAT SAHAJA FOR OFFICE USE	ONLY	
(Tandatangan dan lekatkan cop rasmi syarikat. Sign and affix company rubber-stamp	0)			
DILULUSKAN OLEH APPROVED B	γ			
TARIKH DAT	E			

Category A: No Change in Beneficial Ownership

Reason Code	Reason	Remarks		
Α	Not Applicable	CLARIFICATION		
		1. This category only applies to transfers of securities between securities accounts for the same BO. Such transfer transactions may takes place between the following securities accounts: -		
		1.1. Direct securities accounts of the same BO;		
		<ol> <li>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> </ol>		
		<ol> <li>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> </ol>		
		1.4. Securities accounts of the same Exempt AN; and		
		1.5. Securities accounts of different Exempt AN.		
		SUPPORTING DOCUMENTS		
		2. Supporting documents are not required where: -		
		2.1. the name of the BO is transparent and identical in both the securities accounts of the transferor and transferee; and/or		
		2.2. both the transferor and transferee are Exempt AN.		
		In all other cases, supporting documents are required		
		3.1. the name of the BO is not transparent or identical in both securities accounts of the transferor and transferee		
		3.2. transfers of securities into or from a securities account of an Exempt AN with securities account of a BO or an AN.		

Reason Code	Reason	Remarks	
B1	Take-Over Offer	CLARIFICATION  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.  SUPPORTING DOCUMENTS  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.  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).	
B2	Family Member	CLARIFICATION  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.  Note: This approved reason does not apply to depositors who are corporate bodies.  SUPPORTING DOCUMENTS  Parents  Birth Certificate or adoption papers.  Birth Certificates or adoption papers.  Birth Certificates or adoption papers for both transferor and transferee having the same father and or mother  Children  Birth Certificate or adoption papers.  Grandparents/Grandchild  Birth certificates to prove the relationship.  Spouse  Marriage Certificate or "surat nikah".  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.	

Reason Code	Reason	Remarks
В3	Transfer involving Government Authorities	CLARIFICATION  1. This reason allows for transfers of securities into or from securities accounts of any of the following government authorities or government related bodies:  - Minister of Finance; - Minister of Finance Incorporated; - Khazanah Nasional Berhad; - Accountant General; and - Registrar of Unclaimed Moneys.  SUPPORTING DOCUMENTS No supporting documents are required.
B4	Pledge or Charge	CLARIFICATION  This reason allows for transfers of securities between securities accounts for the purpose of: -  1. Delivering pledged securities that are intended for force-selling in the direct securities account of the lending institution;  2. PO/FI acquiring its clients' collateral to set-off its defaulted clients' credit facilities; and  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).  Reminder:  Disposal of pledged securities that are intended for force-selling must be executed via on market transactions or Direct Business Transactions ("DBT").  SUPPORTING DOCUMENTS
		No supporting documents required.

Reason Code	Reason	Remarks		
B5	Reasons with prior approval of Bursa Depository	CLARIFICATION		
		1. This reason allows for transfers of securities between securities accounts of depositors arising from the following circumstances: 1.1. Corporate Activities;		
		<ul> <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> </ul>		
		1.5. Others (applicant must refer to the ADA for circumstances that do not fall under item 1.1 to 1.4)		
		2. The applicant i.e. transferor/transferee or its legal representative is required to obtain prior approval from Bursa Depository for execution of the transfer of securities. The application for approval must provide details on the transfer requested as per Application form for B5 transfers and the relevant documents evidencing any one of the circumstances under item 1.1 to 1.5.		
		SUPPORTING DOCUMENTS		
		3. Letter of approval issued by Bursa Depository to the applicant ("Bursa Depository's Approval Letter").		
		<ul> <li>4. Note:         <ul> <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> </ul> </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> </ul>		

FWT010				
SECURITIES WITHDRA WALREQUEST				
PARTICULARS OF SECURI	TY			
DATE:  SECURITY CODE:  QUANTITY:  CERTIFICATE OPTION:  (1-Single 2-Marketable)	SECURITY NAME:  QUANTITY IN WORDS:			
REGISTERED INTO NAME OF THIRD PARTY: YES NO				
(Tick whichever applicable)				
PARTICULARS OF DEPOSITOR	PARTICULARS OF WITNESS			
CDS ACCOUNT NO:	NAME : NRIC/PASSPORT :			
NRIC/PASSPORT NO/REG. NO:				
NAME OF DEPOSITOR	ADDRESS :			
	OCCUPATION :			
	SIGNATURE :			
SINATURE OF DEPOSITOR/AUTHORISED SIGNATORIES (Delete whichever applicable)	DATE :			
PARTICULARS OF THIRD PAI	RTY			
COMPLETE THIS PART IF THE SECURITY IS TO BE REGISTERED INTO THE NAME OF A THIR	RD PARTY			
NAME OF THIRD PARTY:				
NRIC/PASSPORT NO/REG NO :				
ADRESS:				
FOR OFFICE USE ONLY				
To be completed by ADA	To be completed by Bursa Depository			
( Sign and affix company's rubber stamp )				
DATE RECEIVED :TIME :  VERIFIED BY :	RECEIVED ON :			
DATA ENTRY BY :	APPROVED BY			
WITHDRAWAL REFERENCE NO:	SENT TO REGISTRAR ON :			

	OTIFICATION O	F DEATH OF D	DEPOSITOR			
CDS ACCOUNT NO.		$-\Box\Box\Box$				
NAME OF DECEASED DEPOSITOR :						
NRIC/PASSPORT NO. :						
ADDRESS :			•			
-						
Please cross (X) where applicable						
*Probate/Letters of Administration *was/	-					
The securities enumerated below *was/s	were distributed to *me/us p	ursuant to a distributio	on order dated			
NAME	NRIC NO.		ADDRESS	TEL. NO.		
*I/We hereby request Bursa Malaysia Deposi	itory Sdn Bhd ("Bursa Dep		_			
		Name	:			
		CDS A/C No.				
NRIC/Passport No. :		NRIC/Passport	t No. :			
NAME OF SECURITIES	QUANTITY	1	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 Admi	nistrations/distribution orde	r granted to *me/us *h	ias /have not been revoked, inva	lidated		
and/or annulled at any point of time, imm		•	presentation of the said			
*Probate/Letters of Administrations/distr						
<ol><li>agree and undertake to indemnify and kee</li></ol>						
liabilities and/or losses whatsoever that n			or in respect of the transfer of de	posited		
securities effected by Bursa Depository p		and the second				
NAME			SIGNATURE	DATE		
<ul> <li>Please delete whichever that is not applicable</li> </ul>	TOP /	PERCETTER ON V				
	FOR	FFICE USE ONLY				
CLEARANCE BY FINANCE :			DATE			
			-			
CHECKED/VERIFIED BY :			DATE :			
APPROVED BY			DATE :			
ALMINITUDE:			IMIE -			

PORM A

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)

	FORM B			
	NOTIFICATION OF BA	NKRUPTCY (	OF DEPOSITOR FOR	RM
			or berostront of	21,1
	NAME :			_
	ADDRESS :			
	NRIC/PASSPORT NO. :			
	NRIC/PASSPORT NO. :			
	SECURITIES A/C NO. :			
	The abovenamed person was adjudicated a bankrupt by order as the Official Assignee in this matter.	r of the court dated	and *I/we have been a	ppointed
	Name NRIC No/Co I	Reg No	Address	Tel. No.
				<del>                                     </del>
_				
	*I/We hereby request the Bursa Malaysia Depository Sdn Bh the securities account(s) as follows:-  Name : Securities A/C No. :	2) Name	•	
	:		:	
*	NRIC/Passport No./Co Reg No. :		C/Passport No./Co Reg No. :	
	Telephone No. :	Telep	hone No. :	
	Name of Securities in Full	Quantity	Name of Securities in Full	Quantity
	ļ	$\longrightarrow$		
	<del> </del>			<del> </del>
*	Name :	* Securi	rities A/C No. : : : : : : : : : : : : : : : : : : :	
	Name of Securities in Full	Q	Name of Securities in Full	Quantity
	Name of Securities in Full	Quantity	Name of Securities in Full	Quantity
	*I/We also request Bursa Depository to close the abovementioned that there are no securities standing to the credit of the bankru	-	unt after effecting the said transfers prov	vided
	NAME		SIGNATURE	DATE
(i)				
(ii)				
(iii) (iv)				
(1V)	*please delete whichever that is not applicable		-	
		ED BY BURSA DEI	POSITORY ONLY	
	Date Received : Time Received : Checked/Verified By : Approved By: :		Date :	

	FORM C						
	NOTIFICATION OF WINDING-UP OF COMPANY FORM						
	NAME OF WOUND-UP COMPANY :						
	CO. REGISTRATION NO. :	_					
	SECURITIES A/C NO. :						
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.							
ſ	Name	NRIC No/Co Reg No		Address	Tel. No.		
ļ							
Ĺ							
*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)							
ſ	Name of Securities in Full	Quantity	T [	Name of Securities in Full	Quantity		
	Name of Securities in Fun	Quantity	┪ ├──	Name of Securites in Full	Quantity		
į							
-			<b>↓</b>				
			<b>∤</b>				
	Securities A/C No. : NRIC/Passport No./Co Reg No. :		Securities A/C No. :  NRIC/Passport No./Co Reg No. :				
[	Name of Securities in Full	Quantity		Name of Securities in Full	Quantity		
			<del> </del>				
ŀ			1				
	*I/We also request Bursa Depository to close the provided that there are no securities standing		-	=	e said transfer(s)		
	NAME/O	CO		SIGNATURE	DATE		
(i) (ii)							
(iii)							
(iv)							
	*please delete whichever that is not applicable						
	TO BE	COMPLETED BY BU	RSA DE	POSITORY ONLY			
	Date Received :						
	Checked/Verified By :						
	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.
About 1 1

### 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;
- 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)**
NA	ME:
DA	TE:
	Affixation of common seal or company rubber-stamp (where applicable) SIGNATURE OF THE OVESTATED PERSONNEL REPRESENTATIVE(S)***
/en	cl.



# **GUIDELINE TO COMPLETE NOTIFICATION OF DEATH OF DEPOSITOR (Form A)**

Garis Panduan untuk Mengisi Borang Maklumat Pendeposit Yang Telah Meninggal Dunia (Borang A)

PART 1 DETAILS OF DECEASED Maklumat Si Mati		BURSA MALAYSIA DEPOSITORY SDN BHD		
Fill in CDS Account No., Name of deceased depositor, NRIC/ Passport No. and Address as stated on the Grant of Probate/ Letter of Administration/ Form E/F/T.	1	Registration No. 198701006854 (165570-W)  NOTIFICATION OF DEATH OF DEPOSITOR  CDS ACCOUNT NO.  NAME OF DECEASED DEPOSITOR:  NRIC / PASSPORT NO.  ADDRESS:		
Sila isikan nombor akaun CDS, nama si mati, No. Kad Pengenalan/Passport dan alamat seperti dinyatakan di dalam Geran Probet/ Surat Kuasa Mentadbir/ Borang E/F/T.	_	Please cross (X) 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.	2	<u>PART 2</u> DETAILS AS PER GRANT OF PROBATE/ LETTER OF ADMINISTRATION/
PART 3  DETAILS OF  TRANSFEREE/ BENEFICIARY	3	eMail Address:  *I/We hereby request Bursa Malaysia Depository Sdn Bhd ("Bursa Sepository") to transfer the deposited securities to the CDS accounts as follows:  NAME  CDS A/C No.  CDS A/C No.  CDS A/C No.	SU	JRAT KUASA (BORANG E/F/T)  Maklumat seperti di ran Probet/Surat Kuasa Mentadbir/ Surat Kuasa (Borang E/F/T)  A. State the date of Grant of Probate/Letter of Admin-
A. Fill in Transferee/ Beneficiary Name, CDS A/C No. and NRIC/Passport No.  Sila isikan Nama Penerima/ Benefisiari, No. CDS akaun & No. Kad Pengenalan/ Passport.		NAME OF SECURITIES  QUANTITY  NAME OF SECURITIES  QUANTITY  NAME OF SECURITIES  QUANTITY  NAME OF SECURITIES  QUANTITY		istration/ Form E/F/T.  Nyatakan tarikh Geran Probet/ Surat Kuasa Mentadbir/ Borang E/F/T.  B. Fill in Administrator/ Executor/Beneficiary Name, NRIC No., Address
B. Please write the <b>securities name</b> and quantity as stated in CDS balance statement.  Sila tulis nama sekuriti dan kuantiti seperti yang dinyatakan dalam penyata baki akaun CDS.		*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	r f	and Tel.No. Sila isikan Nama Pentadbir/ Pelaksana/ Benefisiari, No. Kad Pengenalan, Alamat & No. Telefon.
C. Fill in Administrator/Executor/ Beneficiary's Name, Signature and Date.  Sila isikan Nama Pentadbir/ Pelaksana/ Benefisiari,	-	* Please delete whichever that is not applicable  FOR OFFICE USE ONLY  CLEARANCE BY FINANCE:	4	PART 4 FOR OFFICE USE ONLY Untuk Kegunaan Pejabat Sahaja
Tandatangan dan Tarikh.		CHECKED/VERIFIED BY         :		Leave this area blank. For office use only. Tinggalkan ruangan ini. Untuk kegunaan pejabat sahaja.