REVOCATION OF AUTHORISATION / CONSENT FOR 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

( ) *All CDS accounts

or

( ) *CDS accounts as specified on the list of CDS accounts lodged together with the authorisation to the Dealer's Representative

Note : * only applicable for corporate depositor using a single form for more than 1 (one) CDS account.

1. I, the abovenamed person, herby revoked absolutely and unconditionally the authorisation given to _____ (state the name of the dealer's representative) _____ (I/C number) License No. _____ vide Authorisation / Consent For Balance Enquiry Request dated _____ to make a balance enquiry of my abovestated CDS Account in respect of any securities of any company.

2 I, the abovenamed person, herby revoked absolutely and unconditionally the authorisation given to Bursa Depository to share my securities balances with _____(name of PO/ ADA) vide Authorisation / Consent For Balance Enquiry Request dated _____ for my abovestated CDS Account in respect of any securities of any company.

3. I agree and acknowledge that the revocation shall take effect on the date stipulated in the notice of acceptance of revocation, the same to be issued by the ADA to me not later than two (2) market days after receipt of this revocation by the ADA.

_____

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 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 : _____