

BURSA MALAYSIA DEPOSITORY SDN BHD (165570 W)

CDS ACCOUNT FORM

Where relevant, this form must be submitted together with the relevant supporting documents. Please read the instructions on the reverse before completing this form.

CROSS (X) WHERE APPLICABLE
 APPLICATION FOR OPENING OF ACCOUNT APPLICATION FOR UPDATING OF ACCOUNT PARTICULARS
(Please complete the fields denoted with "#" and the relevant particulars to be updated) APPLICATION FOR CLOSING OF ACCOUNT
(Please complete the fields denoted with "#")

CDS ACCOUNT NUMBER (For new account opening, ADA to complete) #

_____ - _____ - _____

OLD NRIC/PASSPORT/AUTHORITY CARD/REG. NO. : #

CROSS (X) WHERE APPLICABLE

MALAYSIAN FOREIGNER

NEW NRIC NO. : #

_____ - _____ - _____

NAME OF APPLICANT/DEPOSITOR (AS PER NRIC/PASSPORT/AUTHORITY CARD/BUSINESS REGISTRATION DOCUMENT) : #

ACCOUNT QUALIFIER (FOR TRUSTEES/CORPORATE BODY) (IF ANY):

REGISTERED ADDRESS OF APPLICANT/DEPOSITOR (AS PER NRIC/PASSPORT/AUTHORITY CARD/BUSINESS REGISTRATION DOCUMENT)

POST CODE:

TOWN:

STATE:

COUNTRY:

CORRESPONDENCE ADDRESS OF APPLICANT/DEPOSITOR (IF DIFFERENT FROM THE REGISTERED ADDRESS ABOVE)

POST CODE:

TOWN:

STATE:

COUNTRY:

NATIONALITY/PLACE OF INCORPORATION:

RACE/OWNERSHIP:

HOUSE/OFFICE TELEPHONE NO.

BANK NAME:

JOINT BANK ACCOUNT: YES NO

CONSOLIDATE (BANK ACCOUNT)
Cross (X) if you wish the some bank account information to be used for all your CDS accounts.

BANK ACCOUNT NO.

REVOKE CONSOLIDATION (BANK ACCOUNT)
Cross (X) if you wish to revoke a previous request to consolidate (bank account)

EMAIL ADDRESS

HANDPHONE NO.

* I / We hereby make the **declarations stated in "Declaration By Applicant/Depositor/Authorised Signatory(ies)/Attorney(s)" under "Part A / Part B overleaf.**

(For account opening and add/update bank account information)
DECLARATION BY DEALER'S REPRESENTATIVE/ADA'S AUTHORISED OFFICER(S)/NOTARY PUBLIC/ OTHERS AS APPROVED BY BURSA MALAYSIA DEPOSITORY SDN BHD ("DEPOSITORY")
 (To be completed when the method of verification is by any of the above persons)

I hereby affirm and attest that the particulars of the applicant/depositor have been verified to be true and the *signature(s)/thumbprint(s) of the *applicant/depositor/authorised signatory(ies)/attorney(s) belong(s) to the *applicant/depositor/authorised signatory(ies)/attorney(s) who *has/have appeared in person before me.

NAME : _____

NRIC NO. : _____

LICENSE NO. (if applicable) : _____

DESIGNATION : _____

SIGNATURE : _____ DATE : _____

SIGNATURE(S)/THUMBPRINT(S) OF APPLICANT/DEPOSITOR/AUTHORISED SIGNATORY(IES)/ATTORNEY(S)* DATE

* Delete whichever is inapplicable
 ** Affix common seal (where applicable)

FOR OFFICE USE ONLY

To be completed by ADA/ADM/Depository (Sign and affix company rubber-stamp)

CDS ACCOUNT CLOSED ON: _____

INVESTOR TYPE ACCOUNT TYPE TAGGING CODE BENEFICIARY

VERIFIED BY : _____ DATE : _____

APPROVED BY : _____ DATE : _____

DATA ENTRY BY : _____ DATE : _____

CROSS (X) WHERE APPLICABLE (FOR INDIVIDUALS ONLY)

Applicant appeared in person and the original *NRIC/Passport/Authority Card was verified by ADA/ADM.

Application received from *Dealer Representative/ADA's Authorised Officer(s)/Notary Public/ Others as approved by Depository.

Non Face-To-Face Verification