

**BURSA MALAYSIA DEPOSITORY SDN BHD
COMPENSATION FUND CLAIM FORM**

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| BURSA MALAYSIA DEPOSITORY SDN BHD COMPENSATION FUND CLAIM FORM | | | | | | | | | | | | | | | FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF CLAIMANT (AS PER NRIC/PASSPORT/BUSINESS REGISTRATION DOCUMENT) | | | | | | | | | | | | | | | DATE RECEIVED : d d - m m - y y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NRIC/PASSPORT/BUSINESS REGISTRATION NO. OF CLAIMANT | | | | | | | | | | | | | | | RECEIVED BY : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF CLAIMANT (AS PER NRIC/PASSPORT/BUSINESS REGISTRATION DOCUMENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CORRESPONDENCE ADDRESS (IF DIFFERENT FROM ABOVE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CONTACT PERSON (NON INDIVIDUAL ONLY) | | | | | | | | | | TELEPHONE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CLAIMANT'S TRADING ACCOUNT NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CLAIMANT'S CDS ACCOUNT NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STOCKBROKER/MEMBER COMPANY/ADA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>To:</p> <p>The Secretariat Compensation Fund of Bursa Malaysia Depository Sdn Bhd Bursa Malaysia Depository Sdn Bhd Enforcement Division, Regulation 9th Floor, Exchange Square Bukit Kewangan 50200 Kuala Lumpur</p> <p>I/We am/are hereby making a claim against the Compensation Fund of Bursa Malaysia Depository Sdn Bhd ("Bursa Depository") for the monetary loss of RM_____ suffered by me/us arising from the circumstances set out in Section 34.01 of the Rules of Bursa Depository.</p> <p>The facts which give rise to the circumstances are as follows:- (Attach sheets if space is insufficient. Attach all documents in support of the claim)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I/We hereby:</p> <p>a) affirm that the information provided herein is true and complete to the best of my/our knowledge and belief;</p> <p>b) agree that my/our rights and interests as claimant(s) in respect of loss(es) arising from the above mentioned circumstances are set out in full in this Claim Form and no further claim shall be made by me/us under the Compensation Fund;</p> <p>c) undertake to notify Bursa Depository immediately of any other information that may hereafter come into my/our possession;</p> <p>d) agree to co-operate with Bursa Depository in any inquiry conducted in relation to this matter; and</p> <p>e) authorise Bursa Depository to disclose and to authorise the disclosure of any document or information including relating to my/our affairs to any person for the purpose of investigating or considering this claim or otherwise connected to this claim.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant/Authorised Signatories | | | | | | | | | | Date | | | | | Company Seal/Stamp (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |