

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

	RATION AND SUPER USER ID APPLICATION FORM
PART A: To be filled 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
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 Bursa Suq Al-Sila' system and request for the application of Super User ID for the above stated applicant.

### Approved by:

Signature

Date:

Name:

Designation:

Approved by:	User ID Assigned by:	User ID Communicated to User by:
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:





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

### Form 2: AUTHORIZED SIGNATORIES LIST

PART A	A: Ta	o he	filled	bv	the	Participant.
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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 Bursa Suq Al-Sila' system.

Signature

Effective Date

Name:

Designation:

Affix Organization Rubber Stamp

PART B: To be filled by Bursa Malaysia.

**Received by:** 

Name:

Designation:

Date:





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

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

PART A:	To be j	filled by	the l	Participant.
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Organization Name:	
Participantship Type: ( <i>Please indicate with a</i> ( <b>X</b> ))	
Commodity Executing Participant (CEP)	
Commodity Supplying Participant (CSP)	
Commodity Trading Participant (CTP)	

Please limit the access to the Bursa Suq Al-Sila' 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.

IP Range 1	IP Range 2	IP Range 3
	IP Range 1	IP Range 1 IP Range 2

*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.

Received by:	Approved by:	Deleted and Communicated by:
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:





#### 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: ( <i>Please indicate with a</i> ( <b>X</b> ))	
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 Bursa Malaysia.

**Received by:** 

**Deleted and Communicated by:** Approved by: Name: Name: Designation:

Date:

Name:

Designation:

Date:

Designation:

Date:





## 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 BSAS 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.

Received by:	Approved by:	Deleted and Communicated by:
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:





#### 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:

Designation:

Name:

Date:

Designation:

Date:

\*Delete whichever not applicable.

No.	Commodity Executing Participant	

Received by:	Approved by: Deleted and Communicated	
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:





### 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

Received by:	Approved by: Deleted and Communicated by:	
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date: