AUTHORISATION FOR BALANCE ENQUIRY REQUEST

NAME OF DEPOSITOR:

_____

_____

OLD NRIC/PASSPORT/AUTHORITY CARD/REQ.NO:

NEW NRIC NO:

						-			-				

Please cross (X) whichever is applicable

( ) CDS ACCOUNT NO : | | | | - | | | | - | | | | | | | | | |

or

( ) *All CDS accounts that have been opened as at the day of this application and any future CDS account to be opened

or

( ) *Attached list of CDS accounts

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

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.**

2. **The abovestated dealer's representative is authorised to execute on my behalf the Balance Enquiry Request Form as prescribed by Bursa Malaysia Depository Sdn Bhd ("Bursa Depository")**

3. **The authority hereby given shall take effect on the date stipulated in the notice of acceptance, the same to be issued by the ADA to me not later than two (2) market days after receipt of this authorisation by the ADA and shall remain in force, as per the following period:-**
   (Please choose the authorization period by crossing (X) at the appropriate field below)
   ( ) _____(stated the exact date the authorization is to remain in force),
   (dd/mm/yyyy)
   or
   ( ) indefinite period.
   This authorisation will remain in force unless revoked by me prior to the above date or period by a notice in writing in accordance with the prescribed form for Revocation of Authorisation for Balance Enquiry Request or revoked automatically as a result of the authorised Dealer's Representative is no longer with the ADA.

4. **I hereby release ____PM Securities Sdn. Bhd.__ (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 representative to deal in any way howsoever with the securities contained in my abovestated CDS account(s) without my prior written consent or authorisation.**

_____

****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**	: _____
VERFIED BY	: _____	**DATE**	: _____
APPROVED BY	: _____	**DATE**	: _____