

ELECTRONIC SHARE PAYMENT (ESP) - FORM																															
A) PARTICULARS OF CLIENT																															
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Equity Trading Account No.								Ì					i Ri																		•
3) SERVICE REQUEST																															
Tick only one option.  I/We hereby request KAF Equities S  Activate the e-Payment Se  Bank Account No.  Bank Name  Account Name  Account Type																															
Note:* Request must be signed by Client/Authorised Signatories only, and the photocopy of NRIC/Passport/Certified true copy Certificate of Registration and designated bank account's statement are required upon submission of form to activate the e-Payment service.																															
C) AUTHORISATION AND DECLARATI		_			_	_	ì			Т	_								_		_	_	_	_	_	_	$\overline{}$				
I/We hereby:  1. Irrevocably and unconditionally authorise KAF Equities Sdn Bhd (KAF-EQ) to credit the payment of shares sales proceeds in Ringgit Malaysia directly into my/our bank as stated in this form or as may be from time to time arising account from my/our trading account maintained with KAF-EQ.  2. Agree that the instruction shall continue to be in force until I/We expressly revoke the same by executing the Revocation Form or authorise my/our Dealer's Representative to revoke the same service on my/our behalf/ However, KAF-EQ may in its absolute discretion terminate the ESP service at anytime and without assigning any reason(s).  3. Irrevocably consent to the disclosure by KAF-EQ to the bank of such of my personal information, as may be necessary or expedient to facilitate the payment of the sales proceed directly into my bank account as stated in this form or as may be updated from time to time.  4. Irrevocably consent to allow KAF-EQ to set off all outstanding balance, save foroutstanding purchase contracts not due within the above mentioned trading account at any time deemed appropriate by KAF-EQ. The excess balance (if any) from the sales will be paid via ordinary cheque.  In consideration of the abovementioned instruction and authorisation, I/We undertake and agree to indemnify KAF-EQ from and against all actions, claims, demands, losses, damages, costs, charges and/or expenses which KAF-EQ may sustain, incur and/or be liable in consequence of, attributed to or arising from KAF- EQ performing the aforesaid instruction and authorisation or otherwise in relation thereto.												In consideration of the abovementioned revocation request:  1. I, Dealer's Representative of this Client, do hereby declare that I am duly authorised to execute the Revocation Form on behalf of my Client.  3. I hereby undertake to idemnify KAF- EQ against all claims, losses, damages, fines, penalties, costs and liabilities arising as a result of my execution herein or otherwise in relation thereto.														on					
* Signature of Client/Authorised Signatories  Name :  NRIC / Passport No. :  Date :												Signature of Dealer's Representative																			
D) FOR OPERATIONS DEPARTMENT U	JSE (	UNI	LY																												1
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Verified and Completed by: