

TYPE OF TRANSFER (Please tick the appropriate box):

| | |
|---|--|
| <input type="checkbox"/> Transfer involving no change in beneficial ownership | <input type="checkbox"/> Transfer pertaining to American Depository Receipts ('ADR') |
| <input type="checkbox"/> Immediate Family Transfer* _____ (Relationship) | <input type="checkbox"/> Transfer pertaining to settlement of FB's trade * |
| <input type="checkbox"/> Joint Account Transfer | <input type="checkbox"/> Others * (Pls specify reason) _____ |

* Supporting documents (i.e. original/certified copy) must be submitted with this form

SECTION A: PARTICULARS OF TRANSFEROR

Name of Transferor : _____
Securities Account Number : _____ - _____ - _____
NRIC/Passport Number (if applicable) : _____

| Name of Securities (in full) | Quantity (to be transferred) | Security Code/Share Value (For official use only) |
|------------------------------|------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

Total quantity to be transferred (in words): _____

I/We hereby request you to transfer the above mentioned securities from my/our securities account to the securities account of the transferee mentioned below.

Declaration by Depository Agent ('DA') : (where DA is transferor)
We hereby confirm that the name of the beneficial owner is _____

(Please tick the appropriate box):

Signed by the transferor in the presence of¹

Transferor's signature herein is confirmed by DA authorised signatory²

Name: _____
Signature: _____
Company: _____

Signature/Thumbprint of Transferor (as per CDP's records)
For Corporations, please affix Common Seal/Company Stamp
with at least 2 authorised signatories

Date

SECTION B: PARTICULARS OF TRANSFEEE

Name of Transferee : _____
Securities Account Number : _____ - _____ - _____
NRIC/Passport Number (if applicable) : _____

Declaration by Depository Agent ('DA') : (where DA is transferee)
We hereby confirm that the name of the beneficial owner is _____

Signature/Thumbprint of Transferee (as per CDP's records)
For Corporations, please affix Common Seal/Company Stamp
with at least 2 authorised signatories

Date

FOR OFFICIAL USE ONLY

| Receipt | Request | Supporting documents sighted & verified by (for CDP counter use) | Signature checked by | Request input by | Request approved by |
|-------------|-----------|---|----------------------|------------------|---------------------|
| Receipt No. | Signature | | | | |
| Amount | Date | | | | |

Notes:
¹ Applicable where transferor has attended in person before CDP, Advocate & Solicitor or Notary Public for execution of this Form.
² Applicable where transferor has attended in person before a Depository Agent for execution of this Form