

**Participant's Information Form**

Participant Name

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Class

(GSED/Broker/Dealer/Custodian/  
Trust)

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Address

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Settlement Bank

(Head Office)

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TIN No.

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Email Address

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Tel No.

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Fax No.

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Contact Person

(Name/ Designation)

1.

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2.

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Date of Incorporation<sup>1</sup>

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<sup>1</sup>Submit certified copy of the original registration certificate and amended registration certificate, if any