

SECURITIES AND FUTURES ACT  
(CAP. 289)

SECURITIES AND FUTURES (CENTRAL DEPOSITORY  
SYSTEM) REGULATIONS 2015

REGULATION 11(4)

**NOTIFICATION OF DEATH OR DISSOLUTION OF  
SUB-ACCOUNT HOLDER**

FORM

**2**

*Explanatory Notes*

1. Please read the explanatory notes and questions carefully before completing the form.
2. All fields must be completed. If a field is not applicable, please mark "N.A" in the space provided.
3. Where there is an asterisk (\*), please delete whichever is inapplicable.
4. Where execution is on behalf of a body corporate, each signatory should state his/her representative capacity (e.g. 'Company Secretary', 'Director') against his/her signature.
5. Corporation is required to have at least 2 authorised signatories as per Depository's records.
6. This Form must be accompanied by a certified true copy of the grant of representation or court order dissolving the body corporate or any document of the prescribed returns under the Section 308(3) of the Companies Act (Chapter 50).
7. Submission of this Form must be accompanied by the fees payable to the Depository and/or the depository agent for the Notification of Death or Dissolution of Sub-Account Holder.

SECURITIES AND FUTURES ACT  
(CAP. 289)  
SECURITIES AND FUTURES (CENTRAL DEPOSITORY SYSTEM) REGULATIONS 2015  
**NOTIFICATION OF DEATH OR DISSOLUTION OF SUB-ACCOUNT HOLDER**

FORM 2  
REGULATION 11(4)

I TO : \_\_\_\_\_  
\_\_\_\_\_ (NAME OF DEPOSITORY AGENT)

**II FOR INDIVIDUAL**

Name \_\_\_\_\_

Sub-Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NRIC/Passport No. \_\_\_\_\_

**FOR CORPORATION**

Name of Dissolved Body Corporate \_\_\_\_\_

Sub-Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

III

Name of Securities (in full)	Security Code (For CDP Use)	Quantity

IV **Complete either (1) or (2) as applicable:**

(1) The abovenamed deceased died on \_\_\_\_\_ and on \_\_\_\_\_ probate/letters of administration \*was/  
\_\_\_\_\_ (date of death) \_\_\_\_\_ (date of probate)  
were granted to \*me/us

\_\_\_\_\_  
(Name) NRIC/Passport No. \_\_\_\_\_ of \_\_\_\_\_ (Address) and

\_\_\_\_\_  
(Name) NRIC/Passport No. \_\_\_\_\_ of \_\_\_\_\_ (Address) and

\_\_\_\_\_  
(Name) NRIC/Passport No. \_\_\_\_\_ of \_\_\_\_\_ (Address) and

\_\_\_\_\_  
(Name) NRIC/Passport No. \_\_\_\_\_ of \_\_\_\_\_ (Address)

OR

(2) The abovenamed body corporate was dissolved on \_\_\_\_\_ and \*I/We \_\_\_\_\_  
\_\_\_\_\_ (Date of Dissolution)

are entitled to the abovementioned book-entry securities.

V

**\*TO BE USED IF**

**(A) SUCCESSORS / NOMINEES WISH TO TRANSFER SECURITIES TO DESIGNATED SECURITIES ACCOUNT(S) / SUB-ACCOUNT(S) MAINTAINED WITH THE SAME DEPOSITORY AGENT; OR  
(B) SUCCESSORS / NOMINEES WISH TO TRANSFER SECURITIES TO OTHER SECURITIES ACCOUNT(S) / SUB-ACCOUNTS MAINTAINED WITH OTHER DEPOSITORY AGENTS.**

\*I/We hereby request that the abovementioned book-entry securities be transferred to designated securities account(s)/sub-account(s) as follows:

(1) First Successor / Nominee

Name \_\_\_\_\_

NRIC/Passport No.

Securities A/c No.  -  -

(2) Second Successor / Nominee

Name \_\_\_\_\_

NRIC/Passport No.

Securities A/c No.  -  -

Name of Securities (in full)	Quantity

Name of Securities (in full)	Quantity

(3) Third Successor / Nominee

Name \_\_\_\_\_

NRIC/Passport No.

Securities A/c No.  -  -

(4) Fourth Successor / Nominee

Name \_\_\_\_\_

NRIC/Passport No.

Securities A/c No.  -  -

Name of Securities (in full)	Quantity

Name of Securities (in full)	Quantity

VI

**Signed**

1. ----- 2. -----

3. ----- 4. ----- Date -----

VII

**TO BE EXECUTED BY DEPOSITORY AGENTS IF PART V OF THIS FORM IS COMPLETED BY SUCCESSOR**

TO : THE CENTRAL DEPOSITORY (PTE) LIMITED

Kindly effect the transfer of the abovementioned book-entry securities to the designated securities account(s)/sub-account(s) mentioned in Part V of this form.

**Signed**

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Authorised Signatories of Depository Agent

-----  
Date

**FOR OFFICIAL USE:**

Received by/Date: ----- Verified by/Date: -----

Input by/Date: ----- Approved by/Date: -----