LAUNDRYBAR®
INVESTMENT SCHEME
Approved by SSM
Authorization No.: SK201501011755-001

Application No.
Account Type: ( ) Individual
( ) Joint
( ) Corporate

APPLICATION FORM

Please read the Prospectus before completing this Application Form in "BLOCK LETTERS" and use only "BLACK INK" . Tick (√) where applicable and delete where not applicable. Any alteration made must be countersigned. Please attach photocopy of NRIC or passport (both sides)
Application is subject to payment clearance.

1 ABOUT YOU— INDIVIDUAL PARTICULARS (Must be 18 years of age and above)

Name of First Applicant (As per NRIC) - [Mr / Mrs / Miss / Others] Title: _____

Date of Birth DD / MM / YYYY Gender : ☐ Male ☐ Female

NRIC No. (New) ____ - ____ - ____ NRIC No. (Old) ____

Passport No./Other ID ____ Marital Status ☐ Single ☐ Married ☐ Others

Nationality ☐ Malaysian,Bumiputra ☐ Malaysian,Non-Bumiputra ☐ Non Malaysian

Race ☐ Malay ☐ Chinese ☐ Indian ☐ Others _____

Household Annual Income ☐ RM50,000 & Below ☐ RM50,001 - 150,000 ☐ RM150,001 & Above

Type of Residence ☐ Own ☐ Own - With Loan ☐ Parents'/Relatives'/Friends' ☐ Rented ☐ Employer's

Occupation ____

2 JOINTHOLDER PARTICULARS

Name of Second Applicant (As per NRIC) / Relation with First Applicant : _____

Date of Birth DD / MM / YYYY Gender : ☐ Male ☐ Female

NRIC No. (New) ____ - ____ - ____ NRIC No. (Old) ____

Passport No./Other ID ____ Tel No. ____ - ____

3 CORPORATE PARTICULARS

Company Registered Name

Reg / Company No. ____ Date of Registration DD / MM / YYYY

Contact Person

Designation Of Contact Person

4 CONTACT / MAILING ADDRESS

Permanent Address (Please provide full address)

State ____ Postcode ____

Tel No. (Home) ____ - ____ Tel No. (Office) ____ - ____ Extn ____

H/P No. ____ - ____ Fax No. ____ - ____

E-mail

Mailing Address - (If your mailing address same as your permanent address,no need to fill in below)

State ____ Postcode ____

LAUNDRYBAR® INVESTMENT SCHEME
Approved by SSM
Authorization No.: SK0150101735-001

5 NOMINATION DETAILS (Optional)

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our Interest scheme in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the City Coin Technology Berhad / Trustees.

Name of Nominee (As per NRIC) - [Mr / Mrs / Miss / Others] Title: _____

Date of Birth D D / M M / Y Y Y Y Gender : ☐ Male ☐ Female

NRIC No. (New) - - NRIC No. (Old)

Passport No./Other ID Tel No. -

Address of Nominee (Please provide full address)

State Postcode

Name of the Guardian (If nominees is minor) Relationship with Minor

6 OTHERS - Preferred Language

☐ English ☐ Bahasa Malaysia ☐ Mandarin

7 INVESTMENT / PURCHASE PARTICULARS

I Would like to apply : Units Scheme Name : LaundryBar Investment Scheme

Total Amount : RM , , 0 0 0 . 0 0 Payment Type : ☐ Bank-in/ TT MBB-5143 2963 3997

☐ Cheque (Payable to: UBB-Laundrybar Trust Account) ☐ Credit Card (RM50,000.00 & Above)

Cheque /Bank Draft No. Bank Name : _____ Amount: _____

Source of Scheme: ☐ Saving ☐ Others _____ (Please state. E.g retained profit,property sale or investment)

All Payment Should be made payable to : UBB AMANAH BERHAD *(UBB-Laundrybar Trust Account)*
MALAYAN BANKING BERHAD (MBB) A/C NO.: 5143 2963 3997

8 BANK ACCOUNT DETAILS

Account Name: _____

Bank Name: _____ Bank Account Number:

9 YOUR CONFIRMATION / SIGNATURE(S)

I/We have read and understood the Prospectus, the Buyer's Declaration, the Management Agreement and the Trust Deed (available on request) pertaining to the Scheme before purchasing the unit(s) promoted by City Coin Technology Berhad
** Each subscriber of Laundrybar Investment Scheme Unit is given a "cooling-off period" (10) days.

Signature Of Applicant(s) / Authorised Signatory (s)

First Applicant	Date:	Second Applicant	Date:
Company(s) Stamping			

Authority To Operate Account

1 ☐ First Holder To Sign 2 ☐ Either One To Sign 3 ☐ Both To Sign

10 OFFICE USE ONLY / Agent Details

Agent Code Agent Name

Agent Tel No. Date

Received By Processed by & Date

Account Number