

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 ($\sqrt{}$) where applicable and

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5 NOMINATION DETAILS (Optional)										
I/We hereby nominate the undermentioned Nominee to receive that all payments and settlements made to such Nominee and City Coin Technology Berhad / Trustees.										
Name of Nominee (As per NRIC) - [Mr / Mrs / Miss	/ Others] Title	:				_				
					\Box	Π			\top	
Date of Birth		G	ender :	Ma	ale		Fema	le		
RIC No. (New)			N	RIC N	o. (Old)					
assport No./Other ID			Γel No. [-			Щ		
ddress of Nominee (Please provide full address)						_				
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ame of the Guardian (If nominees is minor)				Re	lationshi	ip wi	th Minc	or T	$\overline{}$	
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6 OTHERS - Preferred Language English Baha	sa Malaysia		Г		andarin					
7 INVESTMENT / PURCHASE PARTICULARS			L	IVI	andanin			_		
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Would like to apply :	Units		Name :		ındryBar	_		$\overline{}$		
otal Amount : RM , , , , , ,	, 0 0 0	. 0 0	Payme			_			B-5143	2963 3997
Cheque (Payable to: UBB-Laundrybar Trust Accou	nt)	L	Credi	t Card	(RM50,0	00.00	& Abov	e)		
heque /Bank Draft No.	Bank Name :				Am	ount	:	_		
ource of Scheme: Saving Others		(Plea	se state.	E.g ret	ained pr	ofit,p	roperty	/ sale	or inve	estment)
All Payment Should be made payable to	: UBB-LAUN MALAYAN					C NO	O.: 514	43 29	63 39	97
8 BANK ACCOUNT DETAILS										
Bank Name: Bank	Account Num	ber:							I	
9 YOUR CONFIRMATION / SIGNATURE(S)										
We have read and understood the Prospectus, the Buyer's ertaining to the Scheme before purchasing the unit(s) promo Each subscriber of Laundrybar Investment Scheme Unit is	ted by City Coin	Technology	Berhad	ent and	the Trust	Deed	d (availa	ble on	request	:)
ignature Of Applicant(s) / Authorised Signatory (s)										
First Applicant Da	ate:	Secon Applic						Date	e:	
Company(c)										
Company(s) Stamping										
Authority To Operate Account										
First Holder To Sign 2 Either On	ne To Sign	3	Both To	o Sign						
10 OFFICE USE ONLY / Agent Details										
Agent Code	Agent N	ame								
Agent Tel No.		Date								
eceived By		Processe	d by & Da	ite						
ccount Number							T		T	