



马来西亚多元化合作社
KOPERASI SERBAGUNA MALAYSIA BERHAD

股份偿还基金申请表
APPLICATION FOR REDEMPTION OF SHARES

A. APPLICANT'S PERSONAL INFORMATION

申请者之个人资料

FOR OFFICE USE ONLY 供本社填写

Name as appeared in Identity Card 英文姓名 (与身份证相同)

Name in Chinese 中文姓名

Membership No 社员号码

NRIC No. 身份证号码

 (New 新)

Age 年龄 M (男) F (女)

(Old 旧)

Tel. No. 电话号码

- (H) (住家)

- (H/P) (手机)

Address 住址

Post code 邮区编号:

Email Address 电邮:

B. PARTICULARS OF DECEASED MEMBER (IN CASE THE APPLICATION IS MADE BY THE NOMINEE/NEXT OF KIN) 逝世社员详情 (若申请由继承人/亲属提呈)

Name as appeared in Identity Card 英文姓名 (与身份证相同)

Name in Chinese 中文姓名

Membership No 社员号码

NRIC No. 身份证号码

 (New 新)

Age 年龄 M (男) F (女)

(Old 旧)

与申请者之关系

Relationship With Applicant: _____

C. REASONS FOR REDEMPTION 申请股份偿还原因

请在下列适当方格划 'v'

Please tick 'v' in the box against applicable circumstances

请在下列适当方格划 'v'

- (1) Death of member 社员逝世 -----
- (2) Attainment of age at least 70, and also with membership duration of more than 20 years
年龄至少达到70岁, 而且社龄超过20年 -----
- (3) Permanent disablement / prolonged illness with total loss of earning power
终身残废/长久疾病而完全失去工作能力 -----

D. DECLARATION 声明事项

I hereby declare that 兹声明

1. I wish to redeem ALL my shares (Inclusive of membership withdrawal)
本人欲申请偿还全部合作社股份。(包括合作社社员及社籍)
2. I have fully understood and will abide by the By-Laws of Koperasi Serbaguna Malaysia Berhad (KSM) and the Rules of KSM Share Redemption Fund (SRF)
本人已充分了解, 并将遵守马化合作社之章程及马化合作社股份偿还基金细则。
3. All the information given in this application are true and correct and the documents submitted are true copies
所有在此申请表填写之资料及所有呈交之文件乃完整且正确无误。
4. I understand that the Board of KSM has the absolute discretion to approve or reject my application and I shall accept the Board's decision as final.
本人了解马化合作社董事会有绝对的权力批准或拒绝本人的申请, 同时也接受董事会对本人的申请所作之决定乃属最终者。
5. I understand that payment under the SRF is subject its cash availability in the year of approval. The Board shall have the absolute discretion to decide on the time and the mode of payment of redemption sum to a successful applicant.
本人了解申请所批准的款项乃视本基金拨款之多寡而决定。董事会赋予全权决定成功申请者的支付方式。
6. I hereby confirm that all of the information and documents provided in this application are correct and true. I understand that if I make false statements or use forged documents I will be liable to face legal action.
本人保证, 在这个应用程序提供的所有信息和文件是正确的。如果我作出虚假陈述或虚假文件的任何细节罪, 即属犯罪, 我可能被起诉, 监禁和罚款, 或两者。
7. KSM will not be held responsible for any loss or delay in mail pertaining to my application.
马化合作社将无需对本人之申请书因邮失或邮误负责。

Application No:

S	R	F									
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Tick 'v' if checked: -

- Name
- I/C No
- Age
- Address COA
- No of shares

 Document(s)

Remarks _____

Received by _____

Data entry by: _____

Checked/verified to documents by: _____

Certified by _____

Special Remarks: _____

Director Approval	Ref:
Name:	Date:

Date Received:

Applicant's Signature 申请者签名

Date 日期

注意: 请详读背页之申请事项 ATTENTION: Please Turn Over To The Next Page For Other Information

E. ATTENTION 注意事项

1 All parts of this form must be completed in block letters
此申请表必须用正楷清晰填写。

2 Attach a photocopy of the **Applicant's identity card** (both side) to this form
申请者在此表格附夹**身份证**双面影印本。

3 Applicant must submit all the original share certificates
申请者必须提呈所有正本股票证书。

4 Under Item C - 'Circumstances For Redemption' :-
在 C 项[申请股份偿还原因] 一栏:-

(a) If the applicant has ticked "v" in box (1), a **photocopy of deceased member's certified death certificate** (may be certified by Member of Parliament/ State Assembly, Doctor, Ketua Masyarakat, Police Officer, Advocate & Solicitor, Commissioner for Oath, KSM Director, KSM Internal Audit Committee, KSM Area Liaison Committee Members, or any other person acceptable to the Board).

若申请者在方格(1)划 "v", 必需附夹**已签证的逝世社员死亡证书副本** (可由国州议员、医生、村长、警长、律师、宣誓官、马化合作社董事、马化合作社内部稽查委员、区联络委员会委员或董事会接受之其他人士签证)。

(b) If the applicant has ticked "v" in box (3), a **photocopy of report by a medical practioner confirming the permanent disablement or prolonged illness and total loss of earning power.**

若申请者在方格(3)划 "v", 必需附夹**有关终身残废/长久疾病而完全失去工作能力之医药报告书副本(签证同上)**。

5 The applicant may be required by the Board from time to time to furnish other information.
申请者也需要提呈董事会指示所需之其他资料文件。

6 RM10 processing fee is charged for each application.
每份申请须付RM10 手续费。

7 The application form duly completed together with the necessary documents shall be submitted or posted to: -
填妥之申请表及所需文件, 提呈或寄至本社办事处: -

KOPERASI SERBAGUNA MALAYSIA BERHAD (KSM)

**Block E-10-1 & E-11-1,
Megan Avenue 1,
189 Jalan Tun Razak
50400 Kuala Lumpur**

Tel: 03-21668022

Fax:03-21668187

Homepage: <http://www.ksmberhad.com.my>

Email: ksm@ksmberhad.com.my

F. LASTEST CORRESPONDENCE ADDRESS 申请者最新地址

I wish to change my address as follows: -

本人欲更换地址如下: (请以国文或英文填写)

Address 住址

POST CODE 邮区编号:

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Tel No 电话号码: - (H) (住家)

- (O) (办公室)

- (H/P) (手机)

Fax No 传真号码: -

Email / 电邮: