

FIRST SCHEDULE

Form 10

(Reg. 17(1))

THE CAPITAL MARKETS DEVELOPMENT AUTHORITY ACT, 1996

LICENCE FEE PAYMENT VOUCHER/RECEIPT

Name of Applicant:

Address:

Registered Office:

Postal Address:

*Date of Incorporation/Date of Birth:

*WE/I, enclose

(a) the sum of \$ being the application fee for the grant of a licence.

OR

(b) the sum of \$ being the annual renewal fee for licence

No.:

to carry on the business of

.....

for a period of twelve months beginning, 20..... and ending, 20.....**

Date

.....

Applicant

FOR OFFICIAL USE

Received from the fee of \$in

respect of (licence application/renewal of licence No.) for a period of twelve

months beginning, 20..... ending, 20.....**

Date

.....

for Chief Executive Officer, Capital Markets Development Authority

* Delete whichever inapplicable.

** Both dates inclusive.