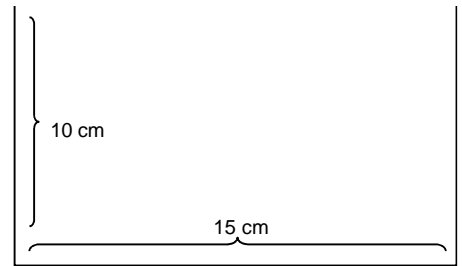


Company No.

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COMPANIES ACT 2016

Section 618(8) or (9)

NOTICE OF SHARE CAPITAL

_____ (Company Name)

To
Registrar of Companies.

..... (Name of Company and Co. Registration No.) hereby gives notice that the share capital of the company as at 31 January 2019 is as per annexure. Details of changes to the share capital are stated in the annexure.

I hereby confirm that the *share premium account and/or *capital redemption reserve has become part of the company's share capital.

Declaration:

I confirm that the facts and information stated in this document are true and to the best of my knowledge.

Signed:

(*Secretary/Director)

Name :
License No/ Membership No. :
SSM Practicing Certificate No. :
Date :

Attention:

It is an offence under section 591 of the Companies Act 2016 to make or authorize the making of a statement that a person knows is false or misleading and that person may be liable, upon conviction, to imprisonment for a term not exceeding ten years or to a fine not exceeding RM3million or to both.

LODGER INFORMATION

Name :
NRIC No :
Address :
Phone No :
Email :

* - delete whichever is not applicable

Company No.

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Annexure

STATEMENT BY COMPANY ON ITS SHARE CAPITAL
(SECTION 618(8) or (9) OF THE COMPANIES ACT 2016)
_____ (Company Name)

EQUITY STRUCTURE AS AT 30 JANUARY 2019

Equity Attributable to Equity Holders of the Company	Total (RM)	Utilised as at 30 January 2019 (RM) ⁽¹⁾
Share Premium (RM)		
Capital Redemption Reserve account (RM)		

EQUITY STRUCTURE AS AT 31 JANUARY 2019

TOTAL EQUITY

Equity Attributable to Equity Holders of the Company

(please indicate):

	Cash ⁽²⁾	Otherwise Than Cash ⁽³⁾	Number of Issued Share	Total Issued Share (RM)
Ordinary				
Ordinary a				
Ordinary b				
Preference				
Preference a				
Preference b				
TOTAL				

Company No.

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Annexure

Notes:

- (1) Please state NIL if share premium or capital redemption reserve account has not been utilized.
- (2) Number of shares issued in cash.
- (3) Number of shares issued otherwise than in cash.

Declaration:

I confirm that the facts and information stated in this document are true and to the best of my knowledge.

Signed:

(*Secretary/Director)

Name :
License No/ Membership No. :
SSM Practicing Certificate No. :