# **Directorate of Investment and Company Administration**

Page 1 of 10

Form F-4 | Application to change company limited by guarantee to a private company limited by shares

Section 58(a), Myanmar Companies Law 2017

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

Current name of company limited by guarantee

Registration number

1. Required statutory statements concerning proposed change of company limited by guarantee to private company limited by shares

A. Special resolution. A special resolution that resolves to change the type of the company, specifying the new type and the company's new name (if a change of name is made), has been duly passed.

Yes No

## 2. Procedure after filing this Application

Yes

Section 58(b) of the Myanmar Companies Law 2017 provides that after filing this Application, the company must give notice in the Gazette and by publication in a daily newspaper circulating generally in the Union that it has filed an application with the Registrar to alter the details of the company's registration to change the company type. Details of these notices must be provided in the Registry using Form F7 - Notice of Gazette Publication.

C. Change in particulars. Any other changes arising in connection with the change of company type to the particulars of

B. <u>Constitution</u>. A special resolution that resolves to amend the company's constitution so as to comply with requirements of the Myanmar Companies Law 2017 for a private company limited by shares has been duly passed.

the company which are maintained on the Register by the Registrar are set forth in this Application.

Section 58(c) of the Myanmar Companies Law 2017 provides that the notice issued by the company under section 58(b) must also state that the Registrar will, if it is satisfied that the application complies with law, alter the details of the company's registration 28 days after the notice has been published in the Gazette, unless an order by the Court prevents it from doing so.

Section 58(d) of the Myanmar Companies Law 2017 states that subject to an order made by the Court within that 28 day period, after the 28 day period has passed, the Registrar must alter the details of the company's registration to change the company type if it is satisfied that the application complies with section 58(a).

Section 58(e) of the Myanmar Companies Law 2017 provides that a change of company type takes effect when the Registrar alters the details of the company's registration to change the company type and the Registrar must give the company a new certificate of registration after it alters the details of the company in the register. The company's name is the name specified in the new certificate of registration issued by the Registrar.

| Note: must have     | new name of company e "Limited" or "Ltd." as the last word of its name ne of company in English (required)                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                             |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| Proposed Hall       | le of company in English (required)                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                             |
| Proposed nam        | e of company in Myanmar language (optional)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                             |
|                     | ame of company is identical to, or closely resembles, the name of a company is in the course of being dissolved and a copy of the dissolving                                                                                                                                                                                                                                                                                                                 |                                                            |                                             |
| 4. Upon the o       | hange the company will be a foreign company:                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                        | No                                          |
|                     | gn company" means a company incorporated in the Union in which an oation of them) owns or controls, directly or indirectly, an ownership inter                                                                                                                                                                                                                                                                                                               |                                                            |                                             |
| 5. Upon the o       | hange the company will be a small company:                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                        | No                                          |
| A "smal<br>conditio | l company" means a company, other than a public company or subsidiar<br>ns:                                                                                                                                                                                                                                                                                                                                                                                  | y of a public company, v                                   | which satisfies the following               |
| (a) it an           | d its subsidiaries have no more than 30 employees (or such other numbe                                                                                                                                                                                                                                                                                                                                                                                       | r as may be prescribed (                                   | under this Law); and                        |
|                     | d its subsidiaries had annual revenue in the prior financial year of less th<br>be prescribed under this Law).                                                                                                                                                                                                                                                                                                                                               | an 50,000,000 Kyats in (                                   | aggregate (or such other amoun              |
| 6. Name, add        | ress and other information for each director                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |                                             |
| of the comp         | By signing this Application, the company affirms that the persoany. The company attests that each person named as a director                                                                                                                                                                                                                                                                                                                                 |                                                            |                                             |
| Notes               | <ol> <li>The company must hold evidence of each director's written consent</li> <li>At least one director must be ordinarily resident in the Union.</li> <li>You must provide the name and address for each director in English.</li> <li>If there are more than 3 directors please submit additional pages we required information.</li> <li>A copy of each director's national registration card (N.R.C) for Myan attached to this Application.</li> </ol> | . You <u>may</u> also provide<br>ith this Application that | the name in Myanmar language<br>contain the |
| A. First direct     | <u>cor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                             |
| Full name in Engl   | ish (required)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                             |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                             |
| Former name of t    | his person, if applicable, in English                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                             |
| Full name in Mya    | nmar (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                             |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                             |
| Former name of t    | his person, if applicable, in Myanmar language (optional)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                             |

Other nationalities, if applicable

| Business occupation,    | if any                                                                  |
|-------------------------|-------------------------------------------------------------------------|
| Gender  Male Fen        | Date of birth  nale / /                                                 |
|                         | ddress for this director in English (required)                          |
| Street num              | per and street name                                                     |
| Unit, level,            | etc. (if applicable)                                                    |
| Quarter/Cit             | y/Township                                                              |
| State/Regio             | n Country Postcode (optional)                                           |
| Email addre             | ss (optional, but an email is required to receive notifications)        |
| Phone Num               | ber (optional, but a phone number is required to receive notifications) |
| C. Third director       |                                                                         |
|                         |                                                                         |
| Former name of this     | person, if applicable, in English                                       |
| Full name in Myanma     | ar (optional)                                                           |
| Former name of this     | person, if applicable, in Myanmar language (optional)                   |
| Nationality             | N.R.C. (for Myanmar citizens) / Passport (for foreign citizens only)    |
| Other nationalities, it | applicable                                                              |
| ,                       |                                                                         |
| Business occupation,    | if any                                                                  |

| Gender       |                                       | Date of birth                                                                                        |                            |                           |                                                      |
|--------------|---------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|------------------------------------------------------|
| L Male       | Female                                | /                                                                                                    | /                          |                           |                                                      |
|              |                                       |                                                                                                      |                            | J                         |                                                      |
|              | idential address<br>itreet number and | for this director in English street name                                                             | (required)                 |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| L            | Jnit, level, etc. (if a               | applicable)                                                                                          |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| <u>C</u>     | Quarter/City/Towr                     | nship                                                                                                |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| S            | tate/Region                           |                                                                                                      | Country                    |                           | Postcode (optional)                                  |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| L            | mail address (opt                     | ional, but an email is required                                                                      | Lto receive notifications) |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| L            | Phone Number (op                      | otional, but a phone number is                                                                       | required to receive notif  | ications)                 |                                                      |
|              |                                       | ,                                                                                                    | ·                          | ,                         |                                                      |
| L            |                                       |                                                                                                      |                            |                           |                                                      |
|              | -                                     | d other information for                                                                              | • • •                      | icable                    |                                                      |
| -            |                                       | cretary, but this is not requ<br>Application, the company a                                          |                            | named helow is the        | secretary of the company                             |
|              |                                       | y attests that the person no                                                                         |                            |                           |                                                      |
|              | Note:                                 | 1) The company must hold ev<br>2) A copy of the secretary's n<br>citizens <u>must</u> be attached to | ational registration card  |                           | e company records.<br>izens and passport for foreign |
| Full name    | in English (require                   | <del></del>                                                                                          |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| Former na    | me of this person,                    | , if applicable, in English                                                                          |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| Full name    | in Myanmar (opti                      | onal)                                                                                                |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| Former na    | me of this person,                    | , if applicable, in Myanmar lan                                                                      | nguage (optional)          |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| Nationality  | 1                                     | N                                                                                                    | I.R.C. (for Myanmar citiz  | ens) / Passport (for fore | eign citizens only)                                  |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| Other nation | onalities, if applic                  | able                                                                                                 |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |
| Business o   | ccupation, if any                     |                                                                                                      |                            |                           |                                                      |
|              |                                       |                                                                                                      |                            |                           |                                                      |

| Gender    |                                         | Date of birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                       |                     |
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| L Male    | e Female                                | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | /                   | ]                     |                     |
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| Usual res | sidential address                       | in English (required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                       |                     |
|           | Street number and                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                       |                     |
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|           | Unit, level, etc. (if a                 | applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                       |                     |
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|           | Quarter/City/Town                       | ıship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                       |                     |
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|           | stered office at<br>Street number and s | ddress in English                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                       |                     |
|           | Street nameer and                       | street name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                       |                     |
|           | Unit, level, etc. (if a                 | applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                       |                     |
|           |                                         | предоставления предос |                     |                       |                     |
|           | Ouarter/City/Towns                      | shin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                       |                     |
|           | Quartor, City, 10 with                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                       |                     |
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| ,         | State Region                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                       |                     |
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| U V44"    | acc of principa                         | al place of business in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the Union in Englis | h (if different to r  | agistarad affical   |
|           | Street number and s                     | al place of business in street name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the Union in Englis | on (ii dillerent to r | egistered office)   |
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|           | Unit, level, etc. (if a                 | applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                       |                     |
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|           | Quarter/City/Towns                      | shin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                       |                     |
|           | Zamion City, 10Will                     | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                       |                     |
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| . Share capital                                       |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total number of sha                                   | ares of all classes to be issued by the comp                                                                                                                             | oany:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The currency in whi<br>MK or USD)                     | ch the company's share capital is to be de                                                                                                                               | nominated:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This question or<br>"Ultimate holdi<br>body corporate | nly applies if the company has a member which<br>ng company", in relation to a body corporate, n<br>and is itself not a subsidiary of any body corpor                    | is a corporate ent<br>neans a body corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | npany of the first-mentioned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| sistration number (if a                               | pplicable)                                                                                                                                                               | Jurisdiction of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | fincorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Share capital structo                                 | ure                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Share class code                                      | Full title of class if not listed in the share class code table below                                                                                                    | Total number<br>of shares                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total amount paid on<br>these shares (if<br>applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total amount unpaid on these shares (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                       | Total number of sha The currency in whi MK or USD)  Does the company h  This question or "Ultimate holding body corporate me of ultimate holding gistration number (if a | Total number of shares of all classes to be issued by the company.  The currency in which the company's share capital is to be de MK or USD)  Does the company have an ultimate holding company?  This question only applies if the company has a member which "Ultimate holding company", in relation to a body corporate, in body corporate and is itself not a subsidiary of any body corporate of ultimate holding company  gistration number (if applicable)  Share capital structure  Share class code  Full title of class if not listed in the share | Total number of shares of all classes to be issued by the company:  The currency in which the company's share capital is to be denominated:  MK or USD)  Does the company have an ultimate holding company? Yes Note that the company has a member which is a corporate ent "Ultimate holding company", in relation to a body corporate, means a body corporate and is itself not a subsidiary of any body corporate.  The currency in which the company's share capital is to be denominated:  Note that the company is the company of the company | Total number of shares of all classes to be issued by the company:  The currency in which the company's share capital is to be denominated:  MK or USD)  Does the company have an ultimate holding company? Yes No  This question only applies if the company has a member which is a corporate entity.  "Ultimate holding company", in relation to a body corporate, means a body corporate that is a holding corpody corporate and is itself not a subsidiary of any body corporate.  me of ultimate holding company  gistration number (if applicable)  Jurisdiction of incorporation  Share capital structure  Share class code  Full title of class if not listed in the share class code table below  Total number Total amount paid on these shares (if |

The following are standard share codes that may be used to complete the table above. If the company will have a class of shares that does not appear in this table below please enter the full title of the class in the space provided above.

| Share class code | Full title of share class    |
|------------------|------------------------------|
| ORD              | Ordinary                     |
| А                | Class A shares               |
| В                | Class B shares               |
| С                | Class C shares               |
| EMP              | Employee's shares            |
| MGM              | Management shares            |
| RED              | Redeemable shares            |
| PRF              | Preference shares            |
| REDP             | Redeemable-Preference shares |

### 11. Members

#### Instructions for completing member information

If there is insufficient space please attach additional pages with this Application containing the required information.

### Number of members

A private company may have no more than fifty (50) members. However—

- a) Shares held by employees of the company do not count towards this 50-members limit; and
- b) If two or more persons hold shares jointly, they are treated as one member. For joint members, provide the particulars of each person on a separate sheet and indicate that the shares are jointly held.

By signing this Application, the company attests that each person named as a member has consented in writing to act in this capacity and subscribe for the shares to be allotted to them.

# A. Members that are natural persons

| <u>i) First</u> | member that is                            | a natural person                                         |                 |                        |                                     |          |                                         |
|-----------------|-------------------------------------------|----------------------------------------------------------|-----------------|------------------------|-------------------------------------|----------|-----------------------------------------|
| Full nam        | e in English (requir                      | ed)                                                      |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Full nam        | e in Myanmar lang                         | uage (optional)                                          |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Nations         | Ita                                       |                                                          | N.D.C. /for NA  |                        | Decement (for force                 |          |                                         |
| Nationa         | lity                                      |                                                          | N.K.C. (for IVI | yanmar citizens) /     | Passport (for fore                  | ign citi | zens oniy)                              |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Other na        | ationalities, if applic                   | cable                                                    |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Gender          |                                           | Date of birth                                            |                 |                        |                                     |          |                                         |
|                 | ale Female                                | /                                                        | /               |                        |                                     |          |                                         |
|                 |                                           | ,                                                        |                 |                        |                                     |          |                                         |
| Addı            | ess in English (requ<br>Street number and |                                                          |                 |                        |                                     |          |                                         |
|                 | Street number and                         | u street riame                                           |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
|                 | Unit, level, etc. (if                     | applicable)                                              |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
|                 | Quarter/City/Tow                          | nship                                                    |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
|                 | State/Region                              |                                                          | Country         |                        |                                     | Postco   | ode (optional)                          |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Shareh          | olding details                            |                                                          |                 |                        |                                     |          |                                         |
|                 | Share class code                          | Full title of class if not listed share class code table | d in the        | Total number of shares | Total amount pa<br>these shares (if | id on    | Total amount unpaid on these shares (if |
|                 |                                           | Strate class code table                                  |                 | OI Shares              | applicable)                         |          | applicable)                             |
| -               |                                           |                                                          |                 |                        |                                     |          |                                         |
| -               |                                           |                                                          |                 |                        |                                     |          |                                         |
| L               |                                           |                                                          |                 |                        |                                     |          |                                         |
| ii) Seco        | nd member tha                             | t is a natural person                                    |                 |                        |                                     |          |                                         |
| Full nam        | e in English (requir                      | ed)                                                      |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Full nam        | ne in Myanmar lang                        | uage (ontional)                                          |                 |                        |                                     |          |                                         |
|                 | ic iii iii yaiiii ai laiig                | auge (optional)                                          |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Nationa         | lity                                      |                                                          | N.R.C. (for M   | yanmar citizens) /     | Passport (for fore                  | ign citi | zens only)                              |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |
| Other na        | ationalities, if applic                   | cable                                                    |                 |                        |                                     |          |                                         |
|                 |                                           |                                                          |                 |                        |                                     |          |                                         |

| <u>Gen</u> der |                                              | Date of birth                                            |                |                        |                                                |                                                        |
|----------------|----------------------------------------------|----------------------------------------------------------|----------------|------------------------|------------------------------------------------|--------------------------------------------------------|
| Male           | e Female                                     | /                                                        | /              |                        |                                                |                                                        |
| Addre          | ss in English (requ                          | uired)                                                   |                |                        |                                                |                                                        |
|                | Street number an                             |                                                          |                |                        |                                                |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                | Unit, level, etc. (if                        | applicable)                                              |                |                        |                                                |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                |                                              | nship                                                    |                |                        |                                                |                                                        |
|                | ,                                            |                                                          |                |                        |                                                |                                                        |
|                | State/Region                                 |                                                          | Country        |                        | Po                                             | ostcode (optional)                                     |
|                |                                              |                                                          | ,              |                        |                                                |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
| iarehol        | ding details                                 |                                                          |                |                        |                                                |                                                        |
| S              | Share class code                             | Full title of class if not listed share class code table | in the         | Total number of shares | Total amount paid these shares (if applicable) | on Total amount unpaid on these shares (if applicable) |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                | ompany                                       | corporate entities                                       |                |                        |                                                |                                                        |
| egistrati      | on number                                    |                                                          |                | Jurisdiction o         | of incorporation                               |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                | <b>n English in home</b><br>Street number an | jurisdiction (for entities not red<br>d street name      | egistered in t | he Union)              |                                                |                                                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
|                | Unit, level, etc. (if                        | applicable)                                              |                |                        |                                                |                                                        |
|                |                                              | ,                                                        |                |                        |                                                |                                                        |
|                | Quarter/City/Tow                             | nchin                                                    |                |                        |                                                |                                                        |
|                | Quarter/ City/ 10w                           | пзир                                                     |                |                        |                                                |                                                        |
|                | State/Region                                 |                                                          | Country        |                        | Po                                             | ostcode (optional)                                     |
|                |                                              |                                                          |                |                        |                                                |                                                        |
| narehol        | ding details                                 |                                                          |                |                        |                                                |                                                        |
| S              | Share class code                             | Full title of class if not listed                        | in the         | Total number           | Total amount paid                              |                                                        |
| _              |                                              | share class code table                                   |                | of shares              | these shares (if applicable)                   | on these shares (if applicable)                        |
|                |                                              |                                                          |                |                        |                                                |                                                        |
| -              |                                              |                                                          |                |                        |                                                |                                                        |

Where the company proposes to use a constitution which differs in any substantive way from the model constitution, this

## 12. Constitution

| Application must be accompani      | ed by a copy of the proposed constitution.                                                                                                                     |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The company will –                 |                                                                                                                                                                |
| Use the model constitu             | tion; or                                                                                                                                                       |
| Use its own constitution           | n as attached to this Application.                                                                                                                             |
|                                    | igning this Application, the company hereby certifies that the company e and correct copy of its constitution or otherwise has adopted the model constitution. |
| 13. Signed by authorised p         | erson                                                                                                                                                          |
| I certify that the information pro | ovided on this form and any document attached to this form are true and correct.                                                                               |
| Name:                              | Signature:                                                                                                                                                     |
| Capacity: Director S               | ecretary                                                                                                                                                       |
| 14. Lodged by                      |                                                                                                                                                                |
| Name:                              |                                                                                                                                                                |
|                                    |                                                                                                                                                                |
|                                    |                                                                                                                                                                |
| Address:                           | Telephone:                                                                                                                                                     |
|                                    | Email:                                                                                                                                                         |
|                                    |                                                                                                                                                                |
| 15. Checklist                      |                                                                                                                                                                |
| The following must accom           | pany this application form—                                                                                                                                    |
| Any additional pa                  | ges required to supply the information required by this application.                                                                                           |
| A copy of the N.R                  | C (for Myanmar citizens) or passport (for foreign citizens) for each director and secretary (if any).                                                          |
|                                    | Ill use its own constitution, attach a copy to this application.                                                                                               |
|                                    | ompany name is already in use, attach the dissolving company's consent to this application.                                                                    |
|                                    |                                                                                                                                                                |
| L The prescribed fil               | ng tee.                                                                                                                                                        |