



CENTRAL BANK OF MYANMAR
SECURITIES AUCTIONS

BIDDER REGISTRATION APPLICATION FORM

To: Deputy Director General
Financial Markets Department
Central Bank of Myanmar,

I/We.....

(Full Legal Name of Applicant)

Full Physical Address

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.....

Full Postal Address for Correspondence

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.....

Having read, understood and agreed with the Central Bank of Myanmar’s Security Auction Procedures, wish to apply for registration as a bidder in the Central Bank of Myanmar Securities Auctions.

The following position/s has/have authority to authorise signatories for both bidding in auctions conducted by the Central Bank of Myanmar and purchases and sales transactions of securities with the Central Bank of Myanmar:

Position	Name of person currently in position
.....
.....

IMPORTANT

(i) Notwithstanding that the persons currently holding the positions above have been named, it is acknowledged and agreed that any successor to those positions shall bind the Bidder on all transactions undertaken under this Application.

(ii) The Applicant confirms that the information given and the statements made by the Applicant in this Application are true and correct and the Central Bank of Myanmar shall not be under any obligation, whether at law or in equity, to enquire into the accuracy of such information or statements either now or in the future.

(iii) Until this Application has been processed, and the approval confirmed by the Central Bank of Myanmar in writing, it shall not have any binding effect.

(iv) Notwithstanding the registration of the Applicant as a Bidder or anything else contained in the Application, all bids shall comply with the Central Bank of Myanmar's rules or operating guidelines for those transactions.

AUTHORITY

(i) Signed by

(Name of Institution)

by its attorney(s): *

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in the presence of:

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* (Original Power of Attorney to be sighted upon delivery of this document to the Central Bank of Myanmar, Financial Markets Department, Yangon Branch, or a copy of the Power of Attorney certified by a solicitor as being a true copy of the original.)

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I/We,

of

hereby certify:

1. That I/we have executed the above Authorisation in the name of and as the Attorney of

under and by virtue of the powers and authorities conferred on me/us by a Power of Attorney granted by the said Company/Bank under its common seal on day of 20

2. That I/we have not received any information or notice of the revocation of the said Power of Attorney either through the dissolution or winding up of the said Company/Bank or otherwise.

3. That to the best of my/our knowledge and belief the above Authorisation is not contrary to any instructions or directions of the said Company/Bank or its Board of Directors.

Signed at

.....

by the said Attorney(s):

.....

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thisday of 20.....