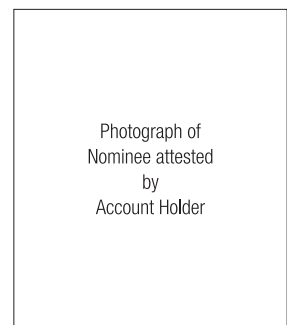


NOMINEE FORM

Date:

Chief Operating Officer
EBL Securities Ltd.



Account Number:
Held with: EBL Securities Limited

I/We (Full name) have given my/our authority

to 1) Relationship Percentage of Benefit

2) Relationship Percentage of Benefit

(hereinafter called "the Nominee") of

(a) That in the event of my/our death or incapability, the Nominee shall receive/draw the amount and shares after adjustment of all liabilities (if any) held by you in my/our account.

(b) That in the event, the nominee who is authorized, remains a minor at the time of my/our death or incapability is authorized to receive/draw the amount & share held by you in my/our account.

(c) I/We hereby declare that everything done by you in pursuance of this authority shall be binding upon me/us until receive notice from me/us in writing to the contrary. Furthermore, I/We hereby declare that everything done by you in pursuance of this authority shall be binding on my/our heirs, executors and administrators and all other persons claiming through or under me/us.

Signature of the EXECUTANT:

1. Signature:
Name & Address :

2. Signature:
Name & Address:

Signature of the NOMINEE:

1. Signature:
Name & Address:

2. Signature:
Name & Address:

Signature of the guardian (If Nominee is a Minor)

Signature:
Name & Address:

Signature of the WITNESS:

1. Signature:
Name & Address:

2. Signature:
Name & Address: