

Application Form
Reference No. : 240012

CPF

To : UNITED OVERSEAS BANK LIMITED
CPF/SRS Operations
Retail Investment Operations Centre

RAL : _____
(Closing Date: 24 June 2024)

Re : Investment A/c No. : _____
Principal Counter : LIVINGSTONE HEALTH HOLDINGS LIMITED
Rights Counter : LIVINGSTONE HEALTH HOLDINGS LIMITED
Basis : 1 : 5
Provisional Allotment** : _____
Issue Price : S\$ 0.016 per Rights Share
Remaining Stock Limit as at DD/MM/YY : \$ _____**

**** (Pls note above stock limit is not indicative of available funds in your CPF Ordinary Account and the first \$20,000 in your CPF Ordinary Account cannot be used for investment)**

(A) Please subscribe for my Provisional Allotment of _____ Rights.

***Indicate the no. of shares you wish to apply for (up to your Provisional Allotment)*

(Processing fee: \$2.18 per 1,000 shares, not pro-rated, max \$21.80 inclusive of GST)

(B) Please subscribe for _____ Excess Rights.

If my subscription is unsuccessful or a smaller number than above is allotted, I agree to accept them.

(Processing fee of \$2.18 per 1,000 shares, not pro-rated, max \$21.80 inclusive of GST)

Cash top-up is required if:

- 1) You have negative/insufficient stock limit or less than \$20,000 in your CPF Ordinary Account.***
- 2) Please include Processing Fees for Rights / Excess Rights application given when doing cash top-up as the fees are charged separately.***

I understand that this cash top-up will form part of my CPF contributions and cannot be withdrawn by me. This applies to Excess Rights Application which is not successful. The relevant application will lapse if I fail to make the necessary cash top-up required.

I authorise you to debit my UOB Savings/Current Account no. _____ for the requisite amount, and/or

I enclose a _____ cheque/Cashier's Order no. _____ payable to "UNITED OVERSEAS BANK LIMITED" for SGD _____.

You may vary or cancel my instructions if my stock limit is negative/insufficient and/or funds in my Account are inadequate to meet the total application cost for the abovementioned Rights and/or Excess Rights.

I hereby authorise you to debit my Investment Account with you in payment of all subscription money and any other charges, if any. Should there be insufficient funds in my Investment Account with you, I hereby apply to withdraw from my CPF Ordinary Account the sum of monies specified by the bank or that amount determined by the Board for the application of the abovementioned Rights and / or Excess Rights plus the fees, expenses and bank charges related to the investment.

Signature

Date

Name :

NRIC/Passport No. :

FOR BANK USE: EWF – CPF Corp Action Reply

Payment Received :-

\$ _____ (Cash)

(Bank's Name _____)

\$ _____ (Cheque No. _____)

\$ _____

Tran Ref no.

(Sub-Ledger)

Important Note:

This form must be completed and signed as per the Bank's records. A form that is incomplete/unsigned/with a mismatched signature will be rejected. If you do not indicate the number of shares in (A), you are deemed to have subscribed to ALL your entitled Provisional Allotment.