

In Witness Hereof I/we have hereunto set my/ our hand(s) at the date herein above stated

Singed by FCAS)
on day of June 2024)
in the presence of:)
) President
)
)
)
)
)
) Secretary

Signed by the Participant)
on day of June 2024)
in the presence of:)
) Name :
) NRIC No :

Consent is hereby given by parent(s), guardian(s), next of kin(s), successor(s), assign(s) and/or personal representative(s) of the Participant:

.....
Name :
NRIC No :
Date :

ANNEXURE A

(To Be Annexed And Read Together With The Exclusion Agreement Between FCAS And The Participant)

Participant

Name :
NRIC No :
Address :
.....
Contact No :

Participant’s parent(s), guardian(s), next of kin(s), successor(s), assign(s) and/or personal representative(s)

Name :
NRIC No :
Address :
.....
Contact No :