

股份偿还基金申请表格

APPLICATION FOR REDEMPTION OF SHARES

A. APPLICANT'S PERSONAL INFORMATION 申请者之个人资料	FOR OFFICE USED ONLY 供本社填写
Name as appeared in Identity Card 英文姓名 (与身份证相同) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Name In Chinese 中文姓名 <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	Application No. <div style="border: 1px solid black; padding: 2px;">R F <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>
Membership No. 社员号码 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> NRIC No. 身份证号码 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (New 新) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (Old 旧)	Previous SRF No. <div style="border: 1px solid black; padding: 2px;">R F <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>
Age 年龄 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Tel. No. 电话号码 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> (H) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> (H/P)	Tick "√" if checked :- <input type="checkbox"/> Name <input type="checkbox"/> I/C No. <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/> COA <input type="checkbox"/> No. of shares <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <input type="checkbox"/> Document(s) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
TIN No. 税务识别码 : _____ Address 住址 <div style="border: 1px solid black; width: 100%; height: 40px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="checkbox"/> LR NO : _____ <input type="checkbox"/> LR NO : _____
B. PARTICULARS OF DECEASED MEMBER (IN CASE THE APPLICATION IS MADE BY THE NOMINEE / NEXT OF KIN) 逝世社员详情 (若申请由继承人 / 亲属提呈)	
Name as appeared in Identity Card 英文名字 (与身份证相同) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Name In Chinese 中文姓名 <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	
Membership No. 社员号码 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> NRIC No. 身份证号码 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (New 新) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (Old 旧)	
与申请者之关系 Relationship With Applicant : _____	
C. REASONS FOR REDEMPTION 申请股份偿还原因	
Please tick "✓" in the box against applicable circumstances 请在下列适当方格划"✓" <div style="display: flex; justify-content: space-between;"> <div> (1) Urgent financial need 经济拮据 (2) Attainment of age 70 years or above with membership duration of more than 10 years 年龄达到 70 岁或以上而社龄超过 10 年 (3) Permanent disablement / prolonged illness with total loss of earning power 终身残废 / 长久疾病而完全失去工作能力 (4) Death of member 社员逝世 (5) Other reason(s) 其他原因 : _____ </div> <div style="text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div>	
D. DECLARATION 声明事项	
I hereby declare that 兹声明 1. I wish to redeem ALL my shares (inclusive of membership shares) 本人欲申请偿还全部合作社股份 (包括社员股金) 2. I have fully understood and will abide by the By-Laws of Koperasi Jayadiri Malaysia Berhad (KOJADI) and the Rules of KOJADI Share Redemption Fund 本人已充分了解, 并将遵守自立合作社之章程及自立合作社股份偿还基金细则。 3. All the information given in this application are true and correct and the documents submitted are true copies. 所有在此申请表填写之资料及所有呈交之文件乃完整且正确无误。 4. I understand that the Board of KOJADI has the absolute discretion to approve or reject my application and I shall accept the Board's decision as final. 本人了解自立合作社董事会有绝对的权力批准或拒绝本人的申请, 同时也接受董事会对本人的申请所作之决定乃属最终者。 5. KOJADI will not be held responsible for any loss or delay in mail pertaining to my application. 自立合作社将无须对本人之申请书因邮失或邮误负责。	
Date Received: _____	
<div style="display: flex; justify-content: space-between;"> <div> Applicant's Signature 申请者签名 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div> Date 日期 <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> 请阅读背页之申请注意事项 Please Turn Over To The Next Page For Other Information </div>	

注意事项

- (a) If the applicant has ticked "√" in box (1), a photostat copies of evidence of circumstances justifying the urgent financial need.
若申請者在方格 (1) 划 “√”，則需附夾有關文件副本。
- (b) If the applicant has ticked "√" in box (3), a photostat copy of report by a medical practitioner confirming the permanent disablement or prolonged illness and total loss of earning power.
若申請者在方格 (3) 划 “√”，則需附夾有關終身殘廢 / 長久疾病而完全失去工作能力之醫藥報告書副本。
- (c) If the applicant has ticked "√" in box (4), a photostat copy of the deceased member's death certificate.
若申請者在方格 (4) 划 “√”，則需附夾逝世社員死亡證書副本。

11th Floor Wisma MCA

50450 Kuala Lumpur

Fax : 03-21621413

Email : contact@kojadi.com.my / member@kojadi.com.my

更换地址申请

本人欲更换地址如下：(请以国文或英文填写)

[illegible]

电话 Tel:

			-						(H)
			-						(O)
			-						(H/P)

电邮 E-mail : _____ 传真 Fax : _____

自立合作社股份偿还基金

问答录

1. 问 : 何谓《股份偿还基金》? 设立此基金有何目的和用途?
答 : 《股份偿还基金》是董事会于 1992 年根据章程设立的基金。此基金来源是取自合作社的净盈利; 基金拨款必须由董事会建议及获得代表大会的批准。设立此基金的目的是作为社员股份偿还用途, 让有意退股的社员取回股金。
2. 问 : 社员如何申请《股份偿还基金》?
答 : 社员须根据董事会制定之申请表格提出申请, 申请表格可向本社办事处, 即 11th Floor, Wisma MCA, Jalan Ampang, 50450 Kuala Lumpur 或本社当地董事、代表或联委会委员索取。本社也接受影印表格, 惟此表格须以打字或亲笔填写。
3. 问 : 社员填写申请《股份偿还基金》表格时, 有什么事项须特别留意?
答 : 社员必须特别留意表格中“E”项, 尤其是有关指定的附夹证实文件。
4. 问 : 董事会是否有制定任何细则, 以管制《股份偿还基金》的实行?
答 : 有, 董事会已制订《股份偿还基金细则》以管制有关基金的实行。
5. 问 : 董事会用什么方式进行评估及审核社员的申请?
答 : 一般上, 下列情况都会获得优先考虑:
 - a) 社员逝世 (由继承人或法定代表或直属亲人提出申请);
 - b) 社员年龄达到 70 岁或以上, 而社龄超过 10 年;
 - c) 社员永久残废或久病缠身而失去工作能力;
 - d) 经过审核后由董事会全权决定急需经济援助之社员; 或
 - e) 其他合理理由。
6. 问 : 提呈合格的申请书后, 是否表示一定获得批准?
答 : 这要胥视申请书及基金拨款之多寡而决定。如果该年拨出的基金不足以应付所有的申请, 则董事会将以上述方式审核遴选符合条件的申请书。
7. 问 : 《股份偿还基金》的偿还数额是否有限制?
答 : 这胥视基金拨款之多寡决定, 一般情况下是不设限。
8. 问 : 申请获准的社员, 何时获得退股付款?
答 : 一般可在两个星期内获得退款。

KOPERASI JAYADIRI MALAYSIA BERHAD (KOJADI)
SHARE REDEMPTION FUND
QUESTIONS & ANSWERS

=====

- 1. Q : What is “Share Redemption Fund” and what is the purpose of the ‘Fund’ ?**

A : “Share Redemption Fund ” is a special fund set up by the Board in 1992 in accordance with the provisions of the By-laws. Allocation to the ‘Fund’ is apportioned from the annual net profit of KOJADI subject to approval of the AGM on recommendation of the Board. The purpose of setting up the “Share Redemption Fund” is to cater for the needs of members who wish to redeem their shares in the co-operative.
- 2. Q : How shall a member apply for the Share Redemption Fund ?**

A : A member shall fill in the application forms prescribed by the Board. The forms can be obtained from KOJADI’s office at 11th Floor, Wisma MCA, Jalan Ampang, 50450 Kuala Lumpur or our local director or our delegate or local Area Liaison Committee. Photostat copy of the forms are acceptable, but such forms should be clearly written or typed and duly signed by the applicant.
- 3. Q : Are there any important points to draw attention of a member in filling up of the application form ?**

A : Yes, the member should read Section “E” carefully and ensure that all relevant document(s) are enclosed when submitting the application form.
- 4. Q : Are there any rules governing the operation of the Fund ?**

A : Yes, the Board has approved the “Rules of KOJADI’s Share Redemption Fund” governing the operation of the Fund.
- 5. Q : Is there any method or system in the evaluation of applications ?**

A : Generally, the major qualifying factors that will be prioritized include : -

 - a) upon the death of the member; (application is to be made by nominee or legal representative or immediate family)
 - b) upon attaining the age of 70 years or above in the case of a member who has been a member of KOJADI for more than 10 years;
 - c) if the member is suffering from permanent disablement or prolonged / serious illness resulting in his total loss of earning power; or
 - d) if the Board in its sole and absolute discretion decides that the member is in urgent financial need; or
 - e) other reasonable reasons.
- 6. Q : Will all valid applications be successful ?**

A : This will depend on the number of valid applications and allocation to the Fund. Based on the factors above, the Board will decide the qualifying applicants at its sole discretion.
- 7. Q : Is there a ceiling of the amount fixed for the share redemption fund?**

A : This will depend on the allocation to the Fund. Generally, there is no ceiling of amount fixed for the share redemption if the application is successful.
- 8. Q : How soon can a member get back his redemption sum if he is successful in his application ?**

A : Barring unforeseen circumstances, the successful member-applicant will be able to get back his redemption sum within 2 weeks.

App Ref :
Date :

The Board of Directors
Koperasi Jayadiri Malaysia Berhad (KOJADI)
11th Floor, Wisma MCA
163, Jalan Ampang
50450 Kuala Lumpur

Dear Sirs,

SHARE REDEMPTION FUND
SRF PAYMENT ADVICE

I hereby enclosed:-

- a) the relevant Share Certificate(s) No. _____
b) photocopy(ies) of identity card of me / the **nominee(s)***
c) photocopy(ies) of my **bank passbook / bank statement** for your further action.

I further request the Society to credit all payment due to me / nominee(s) into the following bank account:

Bank Account Holder Name: _____																			
Bank Name (tick one)																			
<input type="checkbox"/> Am Bank	<input type="checkbox"/> Bank Islam																		
<input type="checkbox"/> CIMB	<input type="checkbox"/> Alliance Bank																		
<input type="checkbox"/> Maybank	<input type="checkbox"/> Citibank Berhad																		
<input type="checkbox"/> Public Bank	<input type="checkbox"/> OCBC Bank (M) Berhad																		
<input type="checkbox"/> RHB Bank	<input type="checkbox"/> HSBC Bank Malaysia																		
<input type="checkbox"/> Hong Leong Bank	<input type="checkbox"/> UOB Bank																		
<input type="checkbox"/> Affin Bank	<input type="checkbox"/> Standard Chartered Bank																		
<input type="checkbox"/> Other: _____																			
Type Of Account																			
<input type="checkbox"/> Savings	<input type="checkbox"/> Current																		
Account No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

I further agree that KOJADI will not be held responsible for any wrong account number or details provided.

Yours faithfully,

(Signature)

Name :
NRIC No :
Address :

My new mailing address / Tel. No. is changed as follows :

Tel : H/P :

* Delete whichever is not applicable

申请编号 :
日期 :

致 : 自立合作社董事会
11TH FLOOR WISMA MCA
163 JALAN AMPANG
50450 KUALA LUMPUR

**股份偿还基金
退股付款通知函**

本人在此附上:-

- (一) 列号之股票证书: _____
(二) 本人/继承人*身份证影印本
(三) 本人**银行存折/银行月结单复印件**, 敬请查收。

本人恳请贵社将所有支付予本人/继承人的款项存入下列银行账户 :

银行户口持有人名字: _____																					
银行名称 (选一)																					
<input type="checkbox"/> Am Bank	<input type="checkbox"/> Bank Islam																				
<input type="checkbox"/> CIMB	<input type="checkbox"/> Alliance Bank																				
<input type="checkbox"/> Maybank	<input type="checkbox"/> Citibank Berhad																				
<input type="checkbox"/> Public Bank	<input type="checkbox"/> OCBC Bank (M) Berhad																				
<input type="checkbox"/> RHB Bank	<input type="checkbox"/> HSBC Bank Malaysia																				
<input type="checkbox"/> Hong Leong Bank	<input type="checkbox"/> UOB Bank																				
<input type="checkbox"/> Affin Bank	<input type="checkbox"/> Standard Chartered Bank																				
<input type="checkbox"/> Other: _____																					
账户种类																					
<input type="checkbox"/> 储蓄户口	<input type="checkbox"/> 来往户口																				
银行户口 号码:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

本人也同意如提供的银行户口号码或资料有误, 自立合作社将无须承担任何责任。

(签名)

姓名 : (社员号码:)
身份证号码 :
通讯地址 :

本人已更改上述的通讯地址, 新地址/电话列下:

电话 :

* 删除不适当者

Date :

Koperasi Jayadiri Malaysia Berhad (KOJADI)
11th Floor Wisma MCA
163 Jalan Ampang
50450 Kuala Lumpur

LETTER OF INDEMNITY
LOSS OF SHARE CERTIFICATE

I, _____ (*please fill in the appropriate column*)
(1) a member of membership no : _____ or (2) a nominee / personal representative to
the deceased _____ membership no : _____
do solemnly and sincerely declare that the original share certificate(s) numbered
_____ of _____ shares issued to me / the deceased on
_____ by KOJADI (hereafter the Society) has/have been lost, mislaid by post or
damaged. I have searched and caused to be searched for the said share certificate(s) but after a careful
and thorough search have been unable to locate the same. I hereby undertake to return the said
original share certificate(s) to you if the same shall at any time hereafter be recovered and to
indemnify and save harmless the Society and Directors from and against all actions, proceedings, loss
charges, damages, expenses, claims and demands which may be brought or made against the Society
or the Directors in the event of the said share certificate(s) being in any way dealt with now or at any
future time.

Signature of Member / Nominee / Personal Representative

Name :

NRIC No :

Tel No :

Address :