

THIRD SCHEDULE

(Made under rule 9(2)(b))

CMT FORM No.2

IN THE CAPITAL MARKETS TRIBUNAL

AT _____

In the matter of the intended

APPEAL NO. _____ OF _____

BETWEEN

_____ APPELLANT

AND

_____ RESPONDENT

STATEMENT OF APPEAL

1. PARTICULARS OF THE APPELLANT

(a) Name: _____

(b) Postal address _____

(c) City, _____ Municipality, _____ Town, _____

(d) Telephone Number _____

(e) Fax number _____ E-mail Address _____

2. STATEMENT OF FACTS SUPPORTING THE APPEAL

(If space provided is not adequate, attach as many additional pages as needed for the statements)

Dated this _____ day of _____ 20 _____

Name: _____

Designation: _____

Signed by: _____ (the Appellant/Legally Authorized representative).

FOR OFFICIAL USE ONLY (REGISTRY)

Received by the Registry this _____ day of _____ 20 _____
_____ at (AM/PM)

Name: _____ Designation _____

Signature _____

Official Stamp _____

7. COPY OF THE STATEMENT OF APPEAL TO BE SERVED UPON:

Name: _____

Address: _____

Tel: _____

Date: _____

Signature of the recipient: _____

Designation: _____

Official stamp _____