

FOURTH SCHEDULE

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

CMT FORM No.3

IN THE CAPITAL MARKETS TRIBUNAL

AT _____

In the matter of the intended

APPEAL NO. _____ OF _____

BETWEEN

_____ APPELLANT

AND

_____ RESPONDENT

REPLY TO THE STATEMENT OF APPEAL

1. PARTICULARS OF THE APPELLANT

Name: _____

Postal address _____

City, _____ Municipality, _____ Town, _____

Telephone Number _____

Fax number _____

E-mail Address _____

2. REPLIES TO THE STATEMENT OF APPEAL

(If the space provided is not adequate, attach as many additional pages as needed for the statements. Ensure you address each of the grounds of appeal in the same order as presented by the Appellant)

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 _____

6. SERVICE OF THE COPY OF THE STATEMENT OF REPLY UPON:

Name: _____

Address: _____

Tel: _____

Date: _____

Signature of the recipient: _____

Designation: _____

Official stamp _____