

FORM IR21-APPENDIX 3

DETAILS OF UNEXERCISED OR RESTRICTED EMPLOYEE STOCK OPTION (ESOP) PLANS OR UNVESTED OR RESTRICTED SHARES UNDER OTHER FORMS OF EMPLOYEE SHARE OWNERSHIP (ESOW) PLANS AS AT DATE OF CESSATION OF EMPLOYMENT/ DEPARTURE FROM SINGAPORE AND WOULD BE TRACKED BY EMPLOYER

This form is to be completed if the employer has been granted approval for the tracking option. It may take 2 minutes to fill in this form. Please get ready the details of stock options etc. for the employee.

Tax ref. (FIN / NRIC): _____ Name of Employee: _____

Company Registration Number	Name of company which granted the ESOP/ shares under ESOW Plan	Indicate type plan of granted 1) ESOP Or 2) ESOW	Date of grant Of ESOP/ Shares under ESOW Plan	Open Market Value per share as at the date of grant of ESOP/ shares under ESOW Plan (\$)	Market Value at Time of Deemed Exercise of ESOP or Deemed price paid for shares under ESOW Plan (\$)	Exercise Price of ESOP/ or Price paid/ payable per share under ESOW Plan (\$)	No. of unexercised ESOP or unvested shares under ESOW Plans or ESOP/ ESOW Plans with moratorium imposed	Date of expiry of exercise of ESOP or date of vesting of ESOW Plan or date moratorium is lifted, as the case may be
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)

SECTION A: EMPLOYEE EQUITY-BASED REMUNERATION (EEBR) SCHEME

SECTION B: EQUITY REMUNERATION INCENTIVE SCHEME (ERIS) SMEs

SECTION C: EQUITY REMUNERATION INCENTIVE SCHEME (ERIS) ALL CORPORATIONS

SECTION D: EQUITY REMUNERATION INCENTIVE SCHEME (ERIS) START-UPS

REMARKS:

Full Name of Authorised Personnel: _____ Designation: _____ Signature: _____ Date: _____

Name of Contact Person: _____ Contact No.: _____ Fax No.: _____ Email Address.: _____