SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup> <u>Ramasamy Logeswaran</u>		Requiring S	Date of Event quiring Statement onth/Day/Year) /22/2023							
(Last) (First) (Middle) SUITE 19-9-6, LEVEL 9, UOA CENTRE				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
NO. 19 JALAN PI	_		Officer (give title below) below)			(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) KUALA LUMPUR N8	50450	_								by More than One Person
(City) (State	) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			1		unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)										
Expi			Date Exercisable and piration Date onth/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	ς,

**Explanation of Responses:** 

No securities are beneficially owned.

## /s/ Ramasamy Logeswaran 03/22/2023

\*\* Signature of Reporting Date Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.