

**AUTHORIZATION TO HKSCC ON CAUSING ENDORSEMENTS  
TO BE MADE ON INSTRUMENTS OF TRANSFER AS SELLING BROKER'S AGENT**  
( Please refer to the Explanatory Notes attached before completing this form )

FROM : Full Name of CCASS Clearing Participant : .....

TO: Clearing Participant Admin. & Services  
Cash & Derivatives Clearing Operations  
Hong Kong Securities Clearing Company Limited ("HKSCC")  
30/F, One Exchange Square,  
8 Connaught Place, Central,  
Hong Kong

I/We, the above named CCASS Clearing Participant

- (i) hereby authorize Hong Kong Securities Clearing Company Limited ("HKSCC") to act as our agent in our capacity as a selling broker to cause endorsements to be made to such instruments of transfers accompanying share certificates which are withdrawn from the CCASS Depository by other CCASS Participants who have indicated that the withdrawal of such share certificates are related to the settlement of trades effected with me/us;
- (ii) hereby declare that the above authorization is valid and binding on me/us and agree that I/we shall not make any claim, legal or otherwise, against HKSCC for or in relation to its causing such endorsements to be made on any instrument of transfer on our behalf and shall hold HKSCC harmless for any and all unpaid stamp duty due from me/us arising out of or relating to any sales transaction effected by me/us; and
- (iii) undertake that the information inputted by me/us via the CCASS Terminal regarding the STM/CSTD indication field of the Add Login Withdrawal Order in connection with the purpose of the stock withdrawal from the CCASS Depository will be true and accurate, and confirm that HKSCC is entitled to rely on and act upon such information but shall be under no obligation to verify same.

**Signed by the CCASS Clearing Participant:-**

\_\_\_\_\_ Date Signed \_\_\_\_\_  
 Authorised Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction)  
 Name of Signatory(ies): \_\_\_\_\_

<b>For HKSCC Use Only</b>		
Signature Verified by : _____	Date: _____	Participant ID : _____
Approved by : _____	Date: _____	