

	OTC Clear Clearing Operations From:						
	30/F, One Exchange Square			•			
	8 Connaught Place				(Full name of Clearing Member)		
	Central, Hong Kong						
	Tel: 2211 6508	OCASS Clearing Member ID:					
	Fax: 2427 1122		C	ontact Person:			
		Tel:					
				Fax:			
• • • • • • •	Please allow five business	days for OTC	Clear to	process you		•••••••••••	
t I: D	etails of Change						
'ease i	tick "√"in the appropriate box						
1.1	☐ New List of Authorized Signatories	A	ddition		☐ Signature/Grou	p Amendment	
No	Eull Nome	Signing	No		Eull Nama	Signing	
No.	Full Name	Group	No. 2		Full Name	Group	
3			4				
5			6				
7			8				
_	ng Instruction:						
	y one of the Authorized Signatories signing alone						
_ An	y two of the Authorized Signatories signing joint	ly shall be valid.					
An	y two of Group A or any one of Group A plus an	y one of Group l	B of the A	uthorized Signat	tories signing jointly shall be	e valid.	
	hers, please specify					·	
Otł	☐ Deletion of Authorised Signatories f	rom the Previo	ous List				
Otl	Deletion of Authorised Signatories i						
	Full Name	Signing Group	No.		Full Name	Signing Group	
1.2			No. 2		Full Name	,	

For Office Use Only

Date:

Approved by:

Copy sent to archiving:

Date:

Effective Date:

Reviewed by

Date:

Processed by:

Date:

Date Received:



OTC Clearing Hong Kong Limited ("OTC Clear")

List of Authorized Signatories with Specimen Signatures

To:	OTC Clear Clearing Operations		From:	
	21/F, One Exchange Square			-
	8 Connaught Place			(Full name of Clearing Member)
	Central, Hong Kong			
	Tel: 2211 6508	OCASS Cle	earing Member ID:	
Fax: 2427 1122		Contact Person:		
Please t	tick "✔"in the appropriate box	••••••	•••••	
1.1		Addition	on	☐ Signature/Group Amendment
	-			
Specimen	Signature (please sign in the middle of the box by	using <u>blac</u>	<u>k or dark blue ba</u>	<u>ll pen</u>)
Full Na			Full Name (2):	
Group	()		Group ()	
Full No	ame (3):		Full Name (4):	
Group			Group ()	
			1 \ /	
E. II M.	(5).		Eall Name (C)	
Group	ame (5):		Full Name (6): Group ()	
Group			Group ()	
	_			
Group	ame (7):		Full Name (8): Group ()	
-	g Instruction:		Specimen Cor	npany Chop
	one signature shall be valid.		□ No	•
☐ Any	two signatures shall be valid.	_	☐ Yes (please star	mp the chop clearly and do not let it touch or overlap
	two of Group A <u>or</u> any one of Group A plus any one of Gratures shall be valid.	oup B	any lines of this	s box)
I ~	ers, please specify			
_ 0.00	ers, piease specify			

For Office Use Only						
Date Received:	Processed by:	Reviewed by	Approved by:	Copy sent to archiving:	Effective Date:	
	Date:	Date:	Date:	Date:		



Ce	rtifie	ed True	Extract of Minutes of the Meeting of the Board of	Directors of	<u>Specimen</u>		
_			(Company Nar				
			_ (Time) at which a quorum was present.				
"I"	ΓWA	AS RES	OLVED:				
1.	. THAT with effect from, the list of Authorized Signatories of the Comfor signing various prescribed forms of, and/or giving written instructions to, The OTC Clearing Hong I Limited ("OTC Clear") in connection with any matters arising from the Company's participation operations in the OTC Account and Settlement Information System ("OASIS") be changed to the folloand that:						
	sig	any tw any tw ning join compa	e of the Authorized Signatories signing alone shall be of the Authorized Signatories signing jointly shall be of Group A or any one of Group A plus any onatly shall be valid: ny chop must be affixed in additional to signature(s). ny chop is not required to be affixed in addition to signature.	pe valid: e of Group B	of the Authorized Signatories		
		No.	Full Name in English		Signing Group		
	pres TH	cribe for AT the (aforesaid changes be communicated to OTC Clear in updating its records; Company shall hold OTC Clear harmless against an acting on such written instructions of the Authorize	ny and all clain	ns that may arise by reason of		
			or in respect of any such action; and	ed Signatories	and OTC Clear shall medi no		
4.	betv forc	veen the e until a	e resolutions supersede all previous authorizations an Company and OTC Clear be conclusive evidence of mending resolutions to supersede them have been pased to OTC Clear."	the passing of	such resolutions and remain in		
Ce	rtifie	ed By:					
		sed Signa	ture(s)) ONLY applicable if it forms part of your signing instruction)	(Date Signed)			
Fu	ll Na	me of Si	gnatory(ies):	Position: * Di	irector/Company Secretary		