HKFE CLEARING CORPORATION LIMITED

Cash & Derivatives Clearing Operations Email: posttrade@hkex.com.hk

30/F, One Exchange Square, Fax: 2868 0134 8 Connaught Place, Central, Hong Kong Tel: 2211 6932

EXTERNAL POSITION TRANSFER REQUEST FORM

Please note below arrangement for form submission in respective time, and please contact us to confirm the form has been received by HKCC

- Before "System Input Cutoff Time", only "CTD" position transfer will be executed
 Between "System Input Cutoff Time" & "T+1 Session Cutoff Time", only "NTD" position transfer will be executed

| | of HKCC I | Participant | | | | |
|--------------------------|----------------------|-------------------------|---|----------------------------------|-------------------|---------|
| HKCC Particip | ant's Name : | | DCASS Customer Code : | | | |
| Details of Po | sition to b | e transferred | | 1 | | |
| Old . | Account | New Account | Series | Long Transfer | Short Transfer | O/C/N/D |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Justification: | | | | | | |
| | | _ | | | | |
| Canfirmatia | n from Uk | CC Portisinants | involved | | | |
| omirmado | II II'OIII FI | KCC Participants | invoiveu | | | |
| Parties Involved | | Authorised Signatures | | Contact Persons for the transfer | | |
| Transferring I | Participant | | | | | |
| HKCC Participant's Name: | | | | Name: | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | (with company chop, ONLY if it forms part of your signing instruction) | | | |
| Date: | | Name of Signatory(ies): | | Phone No.: | | |
| Date. | | Name of Signatory(tes). | | Thole No | | |
| | | | | | | |
| | | | | | | |
| Receiving Part | ticipant | | | | | |
| | | | | | Name : | |
| | | | | | Name : | |
| Receiving Part | | | | | Name : | |
| | | | (with company char ONI | V if it former most - 5 | Name : | |
| | | | (with company chop, ONL your signing instruction) | Y if it forms part of | Name: | |
| | | | (with company chop, ONL your signing instruction) Name of Signatory(ies): | Y if it forms part of | Name : Phone No.: | |
| HKCC Particip | | | your signing instruction) | Y if it forms part of | | |
| HKCC Particip | | | your signing instruction) | Y if it forms part of | | |
| HKCC Particip | ant's Name : | APPROVED/ DATE | your signing instruction) Name of Signatory(ies): | Y if it forms part of | Phone No.: | |