

Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited (“HKSCC”) Instruction Date: _____
 1/F One & Two Exchange Square
 8 Connaught Place
 Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Dear Sirs,

EXCHANGE FUND NOTES, GOVERNMENT BONDS, SPECIFIED INSTRUMENTS OR CMU
 INSTRUMENTS **RECEIVE ‘FREE OF PAYMENT’** INSTRUCTION

1. Please RECEIVE the below security on a ‘Free of Payment’ basis via CMU according to the following instruction for value on _____
:

DEBIT Counterparty (Account Code)	Beneficiary	Issue Number	Nominal Value (Currency)

2. Please CREDIT my/our CCASS stock account number _____ with the following holding :

Stock Code	Stock Name	Number of Unit

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC **no later than 2:00 p.m.** for same day settlement;
- (2) my/our instruction and the details specified herein will be disclosed by HKSCC to CMU in order to carry out the instruction;
- (3) my/our account will be credited on the value day upon receipt of the above specified security by HKSCC from counterparty in CMU and settlement confirmation from CMU on the same day;
- (4) in case my/our instruction is not settled in CMU on the value day specified above, my/our instruction may be carried forward to the next Business Day in CMU subject to and in accordance with the procedures specified by the CMU from time to time. If my/our instruction cannot be carried forward to the next Business Day in CMU, my/our instruction will automatically lapse. I am/We are obliged to submit a new instruction to HKSCC if I/we wish to effect my/our instruction on the next Business Day; and
- (5) my/our instruction will only be effected and accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time and any other relevant documents from time to time issued by HKSCC.

Participant ID : _____
 Participant Name (in block letters) : _____
 Contact Person : _____
 Telephone Number : _____
 Fax Number : _____

 Authorized Signature of CCASS Participant
 (with company chop, ONLY applicable if it forms part of your signing instruction)

For Office Use Only						
Signature Verified	Instruction Approved	T. I. Input	T. I. Authorized	Account Updated	UML prepared / approved	Advice Issued