

**OTC Clearing Hong Kong Limited (“OTC Clear”)**

**Change of Authorized Signatories Form**

To: OTC Clear Clearing Operations  
 21/F, One Exchange Square  
 8 Connaught Place  
 Central, Hong Kong

Tel: 2211 6508  
 Fax: 2427 1122

From: \_\_\_\_\_  
 \_\_\_\_\_  
 (Full name of Clearing Member)

OCASS Clearing Member ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Contact Person: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Please allow three business days for OTC Clear to process your change request**

**Part I: Details of Change**

*Please tick “✓” in the appropriate box*

1.1  New List of Authorized Signatories       Addition       Signature/Group Amendment

No.	Full Name	Signing Group	No.	Full Name	Signing Group
1			2		
3			4		
5			6		
7			8		

Signing Instruction:

- Any one of the Authorized Signatories signing alone shall be valid.  
 Any two of the Authorized Signatories signing jointly shall be valid.  
 Any two of Group A or any one of Group A plus any one of Group B of the Authorized Signatories signing jointly shall be valid.  
 Others, please specify \_\_\_\_\_.

1.2  Deletion of Authorised Signatories from the Previous List

No.	Full Name	Signing Group	No.	Full Name	Signing Group
1			2		
3			4		

**Part II. Prescribed Supporting Documents Submitted with this Form**

- 2.1 Completed and signed List of Authorized Signatories with Specimen Signatures; and  
 2.2 Certified True Extract of Minutes of the Board of Directors authorizing the aforesaid change of Authorized Signatories by a director or the company secretary, or such equivalent document.

\_\_\_\_\_ (Name of Signatories:  
 Authorised Signature(s) and Company Chop )

\_\_\_\_\_ Date

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

## OTC Clearing Hong Kong Limited ("OTC Clear")

### List of Authorized Signatories with Specimen Signatures

To: OTC Clear Clearing Operations  
21/F, One Exchange Square  
8 Connaught Place  
Central, Hong Kong

Tel: 2211 6508  
Fax: 2427 1122

From: \_\_\_\_\_  
\_\_\_\_\_  
(Full name of Clearing Member)

OCASS Clearing Member ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

.....  
Please tick "✓" in the appropriate box

1.1  New List of Authorized Signatories  Addition  Signature/Group Amendment

**Specimen Signature** (please sign in the middle of the box by using **black or dark blue ball pen**)

Full Name (1): Group ( )	Full Name (2): Group ( )
Full Name (3): Group ( )	Full Name (4): Group ( )
Full Name (5): Group ( )	Full Name (6): Group ( )
Full Name (7): Group ( )	Full Name (8): Group ( )
<b>Signing Instruction:</b>  <input type="checkbox"/> Any one signature shall be valid. <input type="checkbox"/> Any two signatures shall be valid. <input type="checkbox"/> Any two of Group A <u>or</u> any one of Group A plus any one of Group B signatures shall be valid. <input type="checkbox"/> Others, please specify _____ _____	<b>Specimen Company Chop</b> (please stamp the chop clearly)

#### For Office Use Only

Date Received:	Processed by: Date:	Reviewed by Date:	Approved by: Date:	Copy sent to archiving: Date:	Effective Date:
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**Certified True Extract of Minutes of the Meeting of the Board of Directors of \_\_\_\_\_**  
 \_\_\_\_\_ (Company Name) **held on \_\_\_\_\_** (Date) **at**  
 \_\_\_\_\_ (Time) **at which a quorum was present.**

**“IT WAS RESOLVED:**

1. **THAT** with effect from \_\_\_\_\_, the list of Authorized Signatories of the Company for signing various prescribed forms of, and/or giving written instructions to, The OTC Clearing Hong Kong Limited (“OTC Clear”) in connection with any matters arising from the Company’s participation and operations in the OTC Account and Settlement Information System (“OASIS”) be changed to the following and that

- \* any one of the Authorized Signatories signing alone shall be valid;
- \* any two of the Authorized Signatories signing jointly shall be valid;
- \* any two of Group A or any one of Group A plus any one of Group B of the Authorized Signatories signing jointly shall be valid;

No.	Full Name in English	Signing Group

2. **THAT** the aforesaid changes be communicated to OTC Clear in accordance with such requirements as it may prescribe for updating its records;
3. **THAT** the Company shall hold OTC Clear harmless against any and all claims that may arise by reason of OTC Clear acting on such written instructions of the Authorized Signatories and OTC Clear shall incur no liability for or in respect of any such action; and
4. **THAT** these resolutions supersede all previous authorizations and be communicated to OTC Clear and shall as between the Company and OTC Clear be conclusive evidence of the passing of such resolutions and remain in force until amending resolutions to supersede them have been passed by the Company’s Board of Directors and communicated to OTC Clear.”

**Certified By:**

\_\_\_\_\_  
 (Signature)  
 Full Name of Signatory: \_\_\_\_\_

\_\_\_\_\_  
 (Date Signed)  
 Position: \* Director/Company Secretary

\* Please delete as appropriate