

CCASS OPERATIONAL PROCEDURES

Definitions

(a) For the convenience of readers, the definitions contained in the Rules are repeated below.

“Eligible Security”

means an issue of securities including but not limited to Foreign Securities, Debt Securities, Depositary Receipts, Structured Products, Exchange Fund Notes, Government Bonds, Specified Instruments, CMU Instruments, warrants, options and Units and other rights under collective investment schemes, which is from time to time and for the time being accepted as eligible by HKSCC for deposit, clearance and settlement in CCASS, in accordance with Rule 501, and (a) where the context so requires shall include any particular security or securities of such an issue and (b) unless the context will not admit, shall include, upon their issue, all New Issue Shares so accepted as eligible;

“New Issue Shares”

means, in relation to any New Issue, the shares, Depositary Receipts, warrants, Structured Products, Debt Securities or Units which are the subject of that New Issue;

“Unit”

means one undivided share or undivided beneficial interest in a Unit Trust, a fund or similar investment arrangement;

Section 8

Nominee Services

8.18 ELECTRONIC APPLICATION INSTRUCTIONS FOR NEW ISSUE SHARES

8.18.1 General

A Participant may electronically instruct HKSCC (a) to cause the Nominee to apply for New Issue Shares on its behalf and (b) to arrange payment and, in the case of wholly or partly unsuccessful applications, refund of the money due on application. Where such an Electronic Application Instruction for New Issue Shares is given, the Participant is deemed to have agreed to the following:-

- (xi) the Participant authorizes the Issuer, in respect of the New Issue Shares allocated to it, to issue certificates in the name of the Nominee and to deliver the same to the CCASS Depository service counter ~~at 2/F., Viewwood Plaza, 199 Des Voeux Road Central, Hong Kong~~ before the time specified by HKSCC or the Nominee on the day the certificates are to be despatched in accordance with the Prospectus;

Date: _____

Hong Kong Securities Clearing ~~Co. Ltd.~~ Company Limited
 2/F ~~Infinitus Viewood~~-Plaza
 199 Des Voeux Road Central
 Hong Kong

Stock Pledgee Declaration Form

~~I~~We declare that ~~I~~we entered into a stock pledgee transaction with CCASS ~~p~~Participant [ID/Name] _____ on ~~the~~ [date] _____. The said CCASS ~~p~~Participant has failed to meet ~~his~~its obligation under the said transaction, ~~and We as a consequence thereof I/we~~enclose herewith a Withdrawal Order Input Request Form duly completed and signed by us and request the physical withdrawal of the securities ~~as detailed below~~from ~~my~~our Stock Account. The withdrawal details. ~~Details~~are as follows:

-

Participant ID : _____

Name (in Block Letter) : _____

CCASS Stock Account number : _____

Stock code : _____

Stock Name : _____

Number of Shares : _____

Reasons : With reference to SI Input No. _____

 Authorized Signature of CCASS Participant
 (With Company Chop)

c.c. Default Stock Pledgor

Note to Participant : A completed and signed separate–Withdrawal Order Input Request Form should be submitted together sent along with this form to CCASS Depository.

Beneficiary Details and Registration Authorization Form
Beneficiary Details and Authorization

To: Hong Kong Securities Clearing Company Limited (“HKSCC”)
 2/F, ~~Infinitus View~~ Plaza, 199 Des Voeux Road Central, Hong Kong

Re: Registration of _____ units (____ / _____, currency / nominal amount)
 in _____ (Name of Bond)

We refer to our withdrawal request (Login Withdrawal Order No. V_____) inputted into CCASS on _____ (date) for _____ units (____ / _____, currency / nominal amount) in the above-named security and, hereby request HKSCC to arrange for the registration of the said security into the name of _____ (the beneficiary) in accordance with the attached Registration and Payment Instructions. We shall collect the bond certificate(s) on behalf of the registered bondholder at the CCASS Depository when they are available.

 Company Chop and Authorized Signature(s) of CCASS Participant

REGISTRATION AUTHORIZATION

To: _____ (Name of Issuer/Transfer Agent)

Re: Registration of _____ units (____ / _____, currency / nominal amount)
 in _____ (Name of Bond)

We enclose herewith ____ / _____ (currency / nominal amount) of the above-named security and hereby request you to arrange for the registration of ____ / _____ (currency / nominal amount) of the said security in accordance with the Registration and Payment Instructions as set out below, please let us have the balance in one Global Certificate amounting to ____ / _____ (currency / nominal amount).

HKSCC Nominees Limited

 Authorized Signature (s)

Registration and Payment Instructions

I/We hereby confirm that I/we have authorized HKSCC to request the Issuer/Transfer Agent of _____ (Name of Bond) to register a total of ____ / _____ (currency / nominal amount) in my/our name(s) in accordance with my/our instructions as set out below:

Denomination required: _____ x ____ / _____ (currency / nominal amount)

Name of bondholder: _____

Address of bondholder:

Tel: _____

Please pay the redemption proceeds and/or interest payment to my/our Bank Account as follows:

Bank: _____ Bank A/C No.: _____

 Authorized Signature(s) of bondholder(s)

 Specimen Signature(s) of bondholder(s)

Foreign Currency Dividend Entitlement Instruction Form

Nominees Section

Date : _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

Units 2505-6, 25/F, ~~Infinitus Viewood~~ Plaza

199 Des Voeux Road, Central

Hong Kong

Fax no.: 2815 2728

Dear Sirs,

Re: _____ (Company Name)

(Stock Code : _____)

Dividend at _____ / _____ (currency / amount) per share

Payable : on or about _____

We wish to receive the above dividend on our holding of _____ shares held for our account as follows:-

1. In Bank Draft after deducting the charges incurred
2. Credit to our bank account via telegraphic transfer held with _____

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the election period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit; and*
- (3) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

Authorized Signature of CCASS Participant
(with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Note:

Please tick the appropriate box(es).

Cash/Scrip Dividend Election Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F., ~~Infinitus Viewood~~ Plaza
 199 Des Voeux Road, Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: _____ (Company Name)
 (Stock Code : _____)

Optional Dividend at _____ / _____ (currency / amount) per share or
 _____ / _____ (currency / amount) per share or
 _____ / _____ (currency / amount) per share

Payable : on or about _____

We wish to receive the above dividend on our holding held in our account as follows:-

1. In cash (, currency) in respect of our total holding as at the last registration date.
2. In scrip in respect of our total holding as at the last registration date.
3. In cash and/or scrip in accordance with the following distribution

| |
|---|
| Cash dividend (, currency) to be received on our _____ shares |
| Cash dividend (, currency) to be received on our _____ shares |
| Cash dividend (, currency) to be received on our _____ shares |
| Scrip to be received on our _____ shares |

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the election period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit; and*
- (3) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No : _____
 Contact Person : _____

Note:
 Please tick the appropriate box and insert the number of shares if you opt for item 3.

Subscription of Open Offers Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F-, ~~Infinitus Viewood~~ Plaza
 199 Des Voeux Road, Central, Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Open Offer for shares of _____ (Company Name)
 (Stock Code : _____) at _____ / _____ (currency / subscription price) per share

Please act on our behalf in respect of our holding as follows:-

Open Offer

Take up _____ new shares in respect of our holdings. We will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Pursuant to the above, please debit _____ units of the offer rights of the company mentioned above from our CCASS stock account number _____.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for _____ excess shares on our behalf. We will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of the offer rights that we are entitled to subscribe for as set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter) : _____
 CCASS Stock A/C# : _____
 Contact Tel No : _____
 Contact Person : _____

Take-over Offer Acceptance/Election Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F-, ~~Infinitus Viewood~~ Plaza
 199 Des Voeux Road, Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: _____ (Company Name) (Stock Code: _____)

Cash Offer at _____ / _____ (currency / offer price) per share and/or

Scrip or Securities Exchange Offer at _____ per share

We wish to accept the above take-over offer in respect of our holding of _____ shares held in our account. Accordingly, please debit _____ shares of the company mentioned above from our CCASS stock account number (_____) as follows:-

1. Acceptance of the offer consideration in CASH in respect of our holding as stated above.
2. Acceptance of the offer consideration in SCRIP in respect of our holding as stated above.
3. Acceptance of the offer consideration in cash and in scrip

| |
|---|
| Cash to be received in respect of _____ shares out of the holding as stated above. |
| Scrip to be received in respect of _____ shares out of the holding as stated above. |

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the offer period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of shares set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel number : _____
 Contact Person : _____

Note:
 Please tick the appropriate box and insert the number of shares if you opt for item 3.

Rights Issue Subscription Request Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F-, ~~Infinitus Viewood~~ Plaza
 199 Des Voeux Road, Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Rights Issue for shares of _____ (Company Name)
 (Stock Code: _____) at _____ / _____ (currency / subscription price) per share

Please act on our behalf on our holding as follows:-

Rights Allotment

Take up _____ new shares on our behalf. We will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Accordingly, please debit _____ nil-paid rights of the company mentioned above from our CCASS stock account number _____.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for _____ excess shares on our behalf. We will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of nil-paid rights set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No : _____
 Contact Person : _____

Warrant Conversion Request Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road, Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Conversion of Warrants

In respect of the warrants held by you for our account, we wish you to act as follows:-

EXERCISE the subscription rights attached to our warrants: _____ (name of warrant) (Stock Code: _____) in _____ units of _____ (currency) to subscribe for _____ shares of _____ (Company Name) (Stock Code: _____) at ____/____ (currency / conversion price) per share, and we will credit good funds of _/_____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Pursuant to the above, please debit _____ units of warrants mentioned above from our CCASS stock account number _____.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the warrant conversion period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of warrants set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No : _____
 Contact Person : _____

DIVIDEND / BONUS CLAIM LETTER
股息 / 紅股申請書

Date :
日期
Claims ref :
申索編號

Hong Kong Securities Clearing Company Limited (“HKSCC”) and
HKSCC Nominees Limited (“HKSCC Nominees”) ~~NOMINEES LIMITED~~
Units 2505-6, 25/F, ~~WICWOOD~~Infinitus Plaza ~~LAZA~~
199 Des ~~ES~~ ~~Vooux~~ ~~OEUX~~ Road ~~OAD~~ Central ~~ENTRAL~~ Hong ~~ONG~~ Kong ~~ONG~~
香港中環德輔道中 199 號
~~無限極維德廣場 25 樓 2505-6 室~~
香港中央結算有限公司 (“香港結算”) 及
香港中央結算 (代理人) 有限公司 (“香港結算代理人”)

Dear Sir :
執事先生

In respect of the Dividend / Bonus Claim on _____ shares of _____ under certificate ~~number~~~~Nos.~~ _____ registered in ~~your~~ ~~the~~ name of HKSCC Nominees,

就以 香港結算代理人貴公司 名義登記的 _____ 股 (股份號碼: _____), 本人 / 我們特此來函申索有關的股息 / 紅股 _____ (股份名稱)

I / We write on behalf of our client, _____, who through an oversight, neglected to have the above shares transferred before the closing of the Company's book on _____.
本人 / 我們代表客戶 _____ 來函提出申索。由於該客戶一時疏忽, 沒有在 有關 截止過戶日期 (即 年 月 日) 之前辦妥股份過戶手續, 因此未能獲派有關的股息 / 紅股。

For your easy reference, we I / We enclose herewith the under-mentioned documents (Items 1-2 in original and Items 3-6 in certified true copies) in respect of the said shares for your perusal:-
隨函附上下列有關該等股份的文件 (第 1、2 項為正本, 第 3 至 6 項為認證副本), 以供 貴公司參考:-

1. Letter of Indemnity
保證書
2. Original Claim Letter from beneficiary with the participant's endorsement
連同參與者簽署的受益人申索書正本
3. Purchase Contract Note
買賣合約
4. Stock Withdrawal Receipt
股份提取收據
5. Share Certificates and Transfer Deeds
股票及過戶契據
6. Transfer Receipt
過戶收據

As the shares were registered in ~~your Nominee's~~ ~~the~~ name of HKSCC Nominees, I/we should be grateful if you would arrange for refund of the following:-
由於該等股份是以 香港結算代理人貴公司 名義登記, 懇請 貴公司安排發還:

_____ Interim/Final* ~~D~~ dividend of _____ per share totalling _____
_____ 每股獲派的中期/年終*股息 \$ _____, 合共 \$ _____
(年度)

_____ Bonus Issue of _____ totalling _____ share of _____
_____ 的紅股 (每 _____ 股送 _____ 股), 合共 _____ 股
(年度) (股份名稱)

I/We understand and acknowledge that all claims 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 to the participant agreements in effect and any other relevant documents from time to time issued by HKSCC.

本人 / 我們明白及確認所有香港結算處理及接受的申請均受現行香港結算不時生效的《中央結算系統一般規則》及《中央結算系統運作程序規則》、有效的參與者協議、以及香港結算不時發出的其他相關文件所約束。

Kindly contact our _____ on Tel: _____ if you have any queries on this matter.
如有任何疑問, 請電 _____ 與 _____ 聯絡。

Authorised Signature of CCASS Participant 中央結算系統參與者之認可簽署
(With Company Chop) (連同公司印章)

中央結算系統參與者之認可簽署
(連同公司印章)

Participant ID : _____

參與者編號

Name (in block letter): _____

參與者名稱

LETTER OF INDEMNITY

To : Hong Kong Securities Clearing Company Limited (“HKSCC”) and
 HKSCC Nominees Limited (“HKSCC Nominees”)
 Units 2505-6, 25/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road, Central
 Hong Kong

In consideration of HKSCC Nominees instructing and directing HKSCC to effect the act or acts set out in Part 1 below; and in consideration of HKSCC following the instructions of HKSCC Nominees with respect to any act mentioned in Part 1 below, we hereby undertake to indemnify both HKSCC and HKSCC Nominees (together, the “Companies”) in the manner set out in Part 2 below.

Part 1

To reimburse, or pay to us the Interim/Final* dividend of _____ / _____ (currency / amount) in total and/or send or release to us the bonus issue _____ shares of _____ (Stock Code / Name of the bonus issue) in total in respect of _____ shares of _____ (Company Name) (Stock Code: _____) (certificate number(s) _____) issued by the company and which are registered in the name of HKSCC Nominees.

Part 2

We undertake to keep each of the Companies indemnified against (i) all actions, claims or proceedings which may be brought against each of the Companies and (ii) all damages, costs and expenses suffered or incurred by each of the Companies and which may arise out of or in connection with either of the Companies having done or performed any of the acts mentioned in Part 1 above.

Dated this _____ day of _____ 20____

 Authorized Signature of CCASS Participant
 (With Company Chop)

 Banker’s endorsement

Participant ID : _____
 Name (in block letters) : _____
 Contact Tel No : _____
 Contact Person : _____

Witness by: _____
 (Signature)

 (Name)

Address: _____

*Delete whichever is inapplicable

Debt Securities Conversion Request Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road, Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Conversion of Debt Securities

In respect of the debt securities held by you for our account, we wish you to act as follows:-

EXERCISE the conversion rights attached to our debt securities: _____
 _____ (name of debt securities)(Stock Code : __) in _____ units of
 _____ (currency) to convert for _____ shares of _____
 _____ (Company Name)(Stock
 Code : _____) at _____ / _____ (currency / conversion price) per share; and
 we will credit good funds of _____ / _____ (currency / amount) into the bank account of
 HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Pursuant to the above, please debit _____ units of the debt securities mentioned above from
 our CCASS stock account number _____.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the debt securities conversion period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of debt securities set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel number : _____
 Contact Person : _____

Debt Securities Redemption Acceptance Form

Nominees Section

Date : _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

Units 2505-6, 25/F., ~~Viewood~~Infinitus Plaza

199 Des Voeux Road, Central

Hong Kong

Fax no.: 2815 2728

Dear Sirs,

Re: _____ (Name of Debt Securities) (Stock Code : _____)

Debt Securities Redemption at _____ / _____ (currency / redemption price) per unit

We wish to ~~exercise~~ our right to redeem the debt securities in respect of our holding of _____ units held for our account in cash. Accordingly, please debit _____ units of debt securities from our CCASS stock account number _____.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the debt securities redemption period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of debt securities set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

| FOR OFFICE USE ONLY | | | |
|--|--|--|--|
| <p><u>Signature verified and diary updated by:</u></p> <p><u>Date:</u></p> <p><u>Approved by</u> : _____</p> <p><u>Signature Verified by</u> : _____</p> | <p><u>Inputted by:</u></p> <p><u>Date:</u></p> <p><u>Date:</u> _____</p> <p><u>Date:</u> _____</p> | <p><u>Input by:</u></p> <p>_____</p> <p><u>Date:</u></p> <p>_____ <u>Checked</u></p> <p><u>by:</u></p> <p><u>Date:</u> _____</p> <p><u>Checked by</u> : _____</p> <p>_____ <u>Date:</u></p> <p>_____</p> | <p><u>Report Checked by</u> : _____</p> <p><u>Date:</u></p> <p>_____ <u>Report</u></p> <p><u>checked by:</u></p> <p><u>Date:</u></p> |

Note : Each participant is allowed to open up to 15 Stock Segregated Accounts without statement services. Some possible names for Stock A/C No. 03 to No. 17 may include "Dealing A/C", "Investment A/C", "Client A/C"

Note:

Please ~~tick~~check the appropriate box(es) and insert the number of shares/warrants. If ~~you vote without inserting the~~no number of shares/warrants is inserted, ~~we shall regard your instruction to vote shall be deemed to be on applicable to your total (eligible to vote) shares eligible for voting holding based on our the records of HKSCC as at on the record /relevant date.~~

~~You are reminded that under CCASS rules the giving of instructions to HKSCC Nominees in respect of your shares constitute an undertaking by you to maintain the relevant number of shares in your CCASS Stock Accounts on the meeting date. Further, HKSCC Nominees reserves the right to allocate voting rights between participants in the event that not all shares are re-registered in its name in time for the meeting.~~

~~Activities under CCASS are subject to the General Rules of CCASS and Operational Procedures in effect.~~

To: Clearing / Settlement Section _____ Date : _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong
 Fax no. 2851 6921

Date : _____

Dear Sirs,

ENTITLEMENT ELECTION FORM - CNS POSITIONS

Regarding the following overdue position(s) as at second ex-all date:

| | | | |
|----------------------------------|--|--|--|
| Settlement Date | | | |
| Settlement Position Number | | | |
| Stock Code | | | |
| Stock Name | | | |
| Outstanding Share Quantity | | | |
| Total Outstanding Share Quantity | | | |

* we wish to opt for the following entitlement (with reference to Announcement Reference : _____):

1. In cash (_____, currency) in respect of our total outstanding share quantity.
2. In scrip in respect of our total outstanding share quantity.
3. In cash and/or scrip in accordance with the following distribution

| |
|--|
| <u>Cash dividend (_____, currency) to be received on our _____ shares</u> |
| <u>Cash dividend (_____, currency) to be received on our _____ shares</u> |
| <u>Cash dividend (_____, currency) to be received on our _____ shares</u> |
| <u>Scrip to be received on our _____ shares</u> |

~~— Election for one type of entitlement~~

~~— HK Dollar Dividend on total outstanding share quantity~~

~~Foreign Currency Dividend on total outstanding share quantity~~

~~Scrip on total outstanding share quantity~~

~~— Election for more than one type of entitlement~~

~~HK Dollar Dividend on _____ shares & Foreign Currency Dividend on _____ shares~~

~~Cash Dividend on _____ shares & Scrip on _____ shares~~

We understand and acknowledge that:

- (1) this form should reach HKSCC no later than the close of the election period as specified by HKSCC in the relevant CCASS corporate announcement;*
(2) if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit; and
(3) our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID _____ :
 Name (in block letter) _____ :
 Contact Tel number _____ :
 Contact Person _____ :

Note:
 Please tick the appropriate box and insert the number of shares if you opt for item 3.

 Participant ID & Name: _____

 Tel No.: _____

Authorized Signature of CCASS Participant

 (with Company Chop)

** Please tick the appropriate box and insert the number of shares if you opt for more than one type of entitlement.*

~~N.B. Please note that your instruction should reach us not later than 4:00 p.m. on _____.~~

~~If Hong Kong Securities Clearing Company Limited ("HKSCC") does not receive your specific instruction by the stated deadline, HKSCC will allocate the entitlement to you in accordance with the default option offered by the Company.~~

Rights Issues Subscription Election Form - CNS Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F, ~~Viewood~~Infinitus Plaza,
 199 Des Voeux Road Central,
 Hong Kong,
 Fax no. 2851 6921

Date: _____

Dear Sirs,

Re: Rights Issue for shares of _____ (Company Name)
 (Stock Code : _____) at ____ / _____ (currency / subscription price) per share

Please act on our behalf on our CNS long position(s) (Settlement Position Number(s) _____
 _____) as follows:-

Rights Allotment

Take up _____ new shares on our behalf and we will credit good funds of ____ /
 _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance
 with HKSCC’s instructions.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for ____ excess
 shares on our behalf and we will credit good funds of ____ / _____ (currency / amount) into
 the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*



 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

Subscription of Open Offer Form - CNS Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~Infinitus Plaza,
 199 Des Voeux Road Central,
 Hong Kong,
 Fax no. 2851 6921

Date: _____

Dear Sirs,

Re: Open Offer for shares of _____ (Company Name)
 (Stock Code : _____) at _____ / _____ (currency / subscription price) per share

Please act on our behalf on our CNS long position(s) (Settlement Position Number(s) _____) as follows:-

Open Offer

Take up _____ new shares and we will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

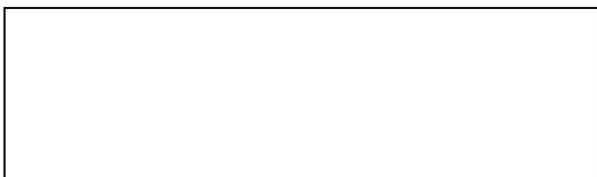
Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for _____ excess shares on our behalf and we will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of subscription period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)



Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

Take-over Offer Acceptance/Election Form - CNS Positions

Clearing / Settlement Section

Date : _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

7/F., ~~Viewood~~Infinitus Plaza

199 Des Voeux Road Central, ~~Hong Kong~~

Hong Kong

Fax no. 2851 6921

Dear Sirs,

Re : _____ (Company Name) (Stock Code : _____)

Cash Offer at _____ / _____ (currency / offer price) per share and/or

Scrip or Securities Exchange Offer at _____ per share

We wish to accept the above take-over offer in respect of our CNS long position(s) (Settlement Position Number(s) _____) of _____ shares as follows:-

1. Acceptance of the offer consideration in CASH in respect of our long position(s) stated above.
2. Acceptance of the offer consideration in SCRIP in respect of our long position(s) stated above.
3. Acceptance of the offer consideration in cash and in scrip

| |
|---|
| Cash to be received in respect of _____ shares of our position(s) stated above. |
|---|

| |
|--|
| Scrip to be received in respect of _____ shares of our position(s) stated above. |
|--|

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the offer period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

Authorized Signature of CCASS Participant

(with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

Note:

Please tick the appropriate box and insert the number of shares if you opt for item 3.

Warrant Conversion Election Form - CNS Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date: _____

Dear Sirs,

Re: Conversion of Warrants

In respect of the warrants _____ (Stock Code) _____
 (name of warrant) due from the CNS long position(s) (Settlement Position Number(s)
 _____), we wish you to act as follows: -

EXERCISE the subscription rights attached to the warrants mentioned above in _____ units of
 _____ (currency) to subscribe for _____ shares of
 _____ (Company Name) (Stock Code : _____) at ____ /
 _____ (currency / conversion price) per share, and we will credit good funds of ____ /
 _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance
 with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the warrant conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

To: Clearing / Settlement Section, Hong Kong Securities Clearing Company Limited ("HKSCC")
 7/F, ~~Viewood~~Infinitus Plaza, 199 Des Voeux Road, Central, Hong Kong
 Fax no. 2851 6921

Date:

APPLICATION FORM FOR CANCELLATION OF SETTLEMENT POSITION

I. Delivering Participant

Participant ID : _____ Participant Name: _____

Contact Person : _____ Telephone No : _____

II. Receiving Participant

Participant ID : _____ Participant Name: _____

Contact Person : _____ Telephone No : _____

III. Details of Settlement Position

Settlement Position No : _____

Position Type : _____

Stock Code : _____

Stock Name : _____

Settlement Date : _____

Outstanding Position Quantity : _____

Original Position Quantity : _____

Outstanding Position Amount : _____

Original Position Amount : _____

IV. Declaration by Both Participants

We hereby apply for the above-mentioned settlement position to be cancelled. The outstanding position has been / will be settled on _____ (date) by the following method:

We understand and acknowledge that our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Signed: _____

Delivering Participant
 Authorized Signature of **CCASS-Delivering** Participant
 (with Company Chop)

Receiving Participant
 Authorized Signature of **Receiving CCASS**
 Participant
 (with Company Chop)

For Office Use

Checked by : _____ Date : _____

Approved by : _____ Date : _____

The position will be frozen on _____ and be cancelled on _____

Date: _____

To: Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewwood~~Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

BUY-IN REQUEST FORM (FOR CCASS ISOLATED TRADES ONLY)

The following transaction is still outstanding as at the date of time of writing this letter. Please instruct the delivering Participant to buy back the shares required for completion of settlement.

Details of the outstanding transaction

| | | | |
|--------------------------------|-------|----------------------|-------|
| Name of delivering participant | _____ | CCASS Participant ID | _____ |
| Settlement position no. | _____ | Transaction date | _____ |
| Stock name | _____ | Stock Code | _____ |
| O/S position quantity | _____ | O/S position amount | _____ |

We understand and acknowledge that our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Authorized Signature of CCASS Participant
 (with Company Chop)

Reporting CCASS

Participant ID : _____

Name (in block letter) _____
of Reporting
Participant:

~~Signed~~ _____: Contact Tel _____
No: _____ (with Company Chop)

~~Date~~ _____: Contact _____
Person:

To: Clearing / Settlement Section
Hong Kong Securities Clearing Company Limited (“HKSCC”)
7/F., Viewwood Infinitus Plaza
199 Des Voeux Road Central
Hong Kong
Fax no. 2851 6921

WITHDRAWAL OF BUY-IN REQUEST FORM (FOR CCASS ISOLATED TRADES)

Date: _____

| Date of Buy-in Request Form | Name of seller | CCASS Participant ID | Stock Code | Stock Name | Settlement Position No. | O/S position quantity | O/S position amount |
|-----------------------------|----------------|----------------------|------------|------------|-------------------------|-----------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

We understand and acknowledge that:

- (1) once the buy-in request (for CCASS Isolated Trade(s)) is withdrawn, HKSCC will not accept any further request on the unsettled Isolated Trade(s); and
- (2) our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Authorized Signature of CCASS Participant
(with Company Chop)

Participant ID _____ :

HKEX 香港交易所

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Reporting CCASS Participant ID _____

Company Name _____ Signed _____

(with Company Chop)

Note:

Hong Kong Securities Clearing Company Limited may not entertain any further complaint on an unsettled transaction for which a complaint has been withdrawn.

Rights Issues Subscription Election Form - IT Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date _____

Dear Sirs,

Re: Rights Issue for shares of _____ (Company Name)
 (Stock Code : _____) at _____ / _____ (currency / subscription price) per share

Please act on our behalf on our IT Position(s) (Settlement Position Number(s) _____) as follows:-

Rights Allotment

Take up _____ new shares on our behalf and we will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for _____ excess shares on our behalf and will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Warrant Exercise Election Form - IT Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~**Infinitus** Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date _____

Dear Sirs,

Re: Exercise of Warrants

In respect of the warrants _____ (Stock Code) _____
 (name of warrant) due from the IT long position(s) (Settlement Position Number(s),
 _____), we wish you to act as follows:-

EXERCISE the subscription rights attached to the warrants mentioned above in _____ units of ____
 (currency) to subscribe for _____ shares of _____
 (Company Name) (Stock Code : _____) at _____ / _____ (currency / conversion
 price) per share, will credit good funds of _____ / _____ (currency / amount) into the bank
 account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the warrant conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter): _____

Contact Tel number : _____

Contact Person : _____

Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited (“HKSCC”) Instruction Date: _____
 2/F, ViewoodInfinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Dear Sirs,

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

| | | | |
|--|-------------|----------------|--------------------------|
| 1. Please RECEIVE notes Free of Payment 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) for Receive Free of Payment Instruction, my/our account will be credited upon receipt of EFN, Government Bonds, Specified Instruments and/or CMU Instruments by HKSCC from counterparty in CMU before 3:00 p.m. If EFN, Government Bonds, Specified Instruments and/or CMU Instruments are received after 3:00 p.m., my/our account will be credited on the next working day; and
- (3) 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 to the participant agreements in effect and any other relevant documents from time to time issued by HKSCC.

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

 Authorized Signature of CCASS Participant
 (with Company Chop)

Fax Number : _____

Note:

- ~~Your instruction should reach us No Later Than 2:00 p.m. for same day settlement.~~
- ~~For Receive Free of Payment Instruction, your account will be credited upon receipt of EFN, Government Bonds, Specified Instruments and/or CMU Instruments by HKSCC from counterparty in CMU before 3:00 p.m. If EFN, Government Bonds, Specified Instruments and/or CMU Instruments are received after 3:00 p.m., your account will be credited on the next working day.~~
- ~~Your 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 to the participant agreements in effect and any other relevant documents from time to time issued by HKSCC.~~

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

Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited (“HKSCC”)
 2/F, Viewood~~Infinitus~~ Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn : Depository Services (Fax No.: 2543-7910)

Instruction Date : _____

Dear Sirs,

**EXCHANGE FUND NOTES, GOVERNMENT BONDS, SPECIFIED INSTRUMENTS AND/OR
 CMU INSTRUMENTS DELIVER FREE OF PAYMENT INSTRUCTION**

| | | | |
|--|-------------|----------------|--------------------------|
| 1. Please DEBIT my/our CCASS stock account number _____ with the following holding : | | | |
| Stock Code | Stock Name | Number of Unit | |
| | | | |
| 2. Please DELIVER notes Free of Payment via CMU according to the following instruction for value on _____ : | | | |
| CREDIT Counterparty (Account Code) | Beneficiary | Issue Number | Nominal Value (Currency) |
| | | | |

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) for Deliver Free of Payment, instruction will automatically lapse if the instruction is not settled in the CMU on the value day. I am/We are obliged to submit a fresh instruction to HKSCC if I/we wish to settle the prescribed instruction on the next working day; and
- (3) 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 to the participant agreements in effect 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)

Note:

- ~~Your instruction should reach us **No Later Than 2:00 p.m.** for same day settlement.~~
- ~~For Deliver Free of Payment, instruction will automatically lapse if the instruction is not settled in the CMU on the value day. You are obliged to submit a fresh instruction to us if you wish to settle the prescribed instruction on the next working day.~~
- ~~Your 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 to the participant agreements in effect and any other relevant documents from time to time issued by HKSCC.~~

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

Debt Securities Conversion Request Form - IT Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date_____

Dear Sirs,

Re: Conversion of Debt Securities

In respect of the debt securities due from the IT position(s) (Settlement Position Number(s) _____), we wish you to act as follows:-

EXERCISE the conversion rights attached to our debt securities: _____
 (name of debt securities) (Stock Code : _____) in _____ units of _____ (currency) to
 convert for _____ shares of _____
 (Company Name) (Stock Code : _____) at _____ / _____ (currency / conversion price) per
 share; and we will credit good funds of _____ / _____ (currency / amount) into the bank
 account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the debt securities conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Debt Securities Redemption Request Form - IT Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F., ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date _____

Dear Sirs,

Re: Redemption of Debt Securities

In respect of ~~my/our~~the ~~Debt~~ ~~Securities~~ due from the IT position(s) (Settlement Position Number(s) _____), ~~I~~we wish to act as follows:-

~~EXERCISE REDEEM~~ ~~my / our~~ rights to redeem the Debt Securities of _____ (company name of debt securities) (Stock Code : _____) _____ (coupon rate) _____ (maturity date dd/mm/yy) in _____ units.

~~Please redeem on my/our behalf as soon as possible.~~

We understand and acknowledge that:

- ~~(1) this form should reach HKSCC no later than the close of the debt securities redemption period as specified by HKSCC in the relevant CCASS corporate announcement; and~~
- ~~(2) our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.~~

~~I / We understand that activities under CCASS are subject to the General Rules of CCASS and Operational Procedures in effect.~~

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

STOCK LENDING ACCOUNT OPENING FORM
開立股份貸出戶口申請表

To: Clearing / Settlement Section
Hong Kong Securities Clearing Company Limited
7/F., Viewood Infnitus Plaza
199 Des Voeux Road Central
Hong Kong
Fax no. 2851 6921

香港中央結算有限公司
結算及交收組
香港中環德輔道中 199 號
無限極維德廣場 7 樓
傳真號碼：2851 6921

Agreement No.:
協議編號

(For IRD use only)
(稅務局專用)

I. LENDER'S PARTICULARS
貸出人資料

Participant I.D.:
參與者編號 _____
Business Registration No.:
商業登記號碼： _____
Address:
地址： _____

Participant Name:
參與者名稱 _____

II. BORROWER'S PARTICULARS
借入人資料

Name of Borrower: Hong Kong Securities Clearing Company Limited
借入人名稱 香港中央結算有限公司

Business Registration No
商業登記號碼：

Address: 12/F., One International Finance Centre, 1 Harbour View Street, Central, Hong Kong
地址 香港中環港景街一號國際金融中心一期 12 樓

The Lender hereby applies to Hong Kong Securities Clearing Company Limited ("HKSCC") to open a Stock Lending Account in the Central Clearing and Settlement System ("CCASS"). The Lender hereby certifies that the particulars contained herein are true and correct. All securities borrowing transactions entered into with HKSCC shall be subject to the relevant provisions of the CCASS Rules, Operational Procedures and the Compulsory Stock Borrowing and Lending Regulations of CCASS each as amended from time to time.

貸出人特此向香港中央結算有限公司(「結算公司」)申請在中央結算及交收系統(「中央結算系統」)內開立一個股份貸出戶口，貸出人特此確認在本表格內所填寫的資料為真確無誤。所有與結算公司訂立的借入證券交易均受不時修訂的《中央結算系統一般規則》、《中央結算系統運作程序規則》及《強制證券借貸規例》的有關條文所約束。

For and on behalf of
Hong Kong Securities Clearing Company Limited

For and on behalf of
Lender

Authorized Signature (with Company Chop)
香港中央結算有限公司獲授權人士簽名(公司蓋印)
Date:
日期

Authorized Signature (with Company Chop)
貸出人獲授權人士簽名(公司蓋印)
Date:
日期

FOR OFFICE USE ONLY
內部專用

Signature Verified by:
核對簽名 _____
Approved by:
批核 _____
Input by:
輸入 _____
Checked by:
核對 _____

Date: _____
日期 _____
Date: _____
日期 _____
Date: _____
日期 _____
Date: _____
日期 _____

(In triplicate)
一式三份

Debt Securities Conversion Request Form - CNS Positions

Clearing / Settlement Section Date _____
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F, ~~Viewood~~Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Dear Sirs,

Re: Conversion of Debt Securities

In respect of the debt securities due from the CNS position(s) (Settlement Position Number(s) _____), we wish you to act as follows:-

EXERCISE the conversion rights attached to our debt securities: _____
 (name of debt securities) (Stock Code : _____) in _____ units of _____ (currency)
 to convert for _____ shares of _____ (Company
 Name) (Stock Code : _____) at _____ / _____ (currency / conversion price) per share;
 and we will credit good funds of _____ / _____ (currency / amount) into the bank account of
 HKSCC Nominees Limited in accordance with HKSCC’s instructions.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the debt securities conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

 Authorized Signature of CCASS Participant
 (with Company Chop)

Participant ID : _____
 Name (in block letter): _____
 Contact Tel No : _____
 Contact Person : _____

Request For Maintenance Of Day-End Standing Withdrawal Instruction

To : Cash Clearing Risk Management Department;
 _____ Hong Kong Securities Clearing Company Limited
 _____ 78/F, ~~Viewood~~Infinitus Plaza;
 _____ 199 Des Voeux Road Central, Hong Kong

Date : _____ (DD/MM/YY)

1. Particulars of Participant

Participant ID : _____ Participant Full Name : _____

Contact Person : _____

~~Name~~ _____ : ~~Contact Telephone Number~~ : _____

~~Tel No.~~ _____ : _____ ~~Fax Number~~ : _____

2. Day-End Standing Withdrawal Instruction

2.1 Nature of Request

Add Change Delete

2.2 Latest Instruction Details (For “Add” and “Change” only)

Applicable CCMS Account : House Collateral Account #0001

Minimum Free Balance : HK\$ _____

Effective Date* : _____ (DD/MM/YY)

* HKSCC has the right to override the effective date to a date as specified in section 3 below.

 Authorised Signature of CCASS Participant
 (with company chop)

3. For Use By HKSCC

Accept (revised Effective Date, if applicable : _____ (DD/MM/YY))

Reject

Remarks : _____

Checked by : _____

Approved by : _____

Cross-border Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited (“HKSCC”)
 2/F ~~Infinitus~~Viewwood Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Date : _____

Dear Sirs,

FOREIGN SECURITIES - ' DELIVER FREE OF PAYMENT ' INSTRUCTION

| | | |
|--|--------------------|---|
| 1. Please DEBIT my/our CCASS Stock Account Number _____ with the following holdings and, | | |
| Stock Code | Stock Name | Number of Shares |
| | | |
| 2. DELIVER the above shares Free of Payment via Depository Trust Company ("DTC") according to the following instruction for value _____ (yy/mm/dd) New York Time. | | |
| Name of Receiving DTC Participant | | DTC Account Number of Receiving Participant |
| | | |
| CUSIP (Security Identifier Number) | Name of Securities | Share Quantity |
| | | |

I/We understand and acknowledge that:

- (1) my/our instructions should reach HKSCC no later than 2:00 p.m. (Hong Kong Time) for the specified value date settlement in DTC; and
- (2) my/our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Participant ID : _____

Participant Name
(in block letter) : _____

Contact Person /
Telephone Number : _____

Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Note:

- Hong Kong Securities Clearing Company Limited account with DTC:
 Account Name : **Hong Kong Securities Clearing Company Limited**
 Account Number : **2338**

~~—Your instruction should reach us not later than 2:00 p.m. (Hong Kong Time) for the specified value date settlement in DTC.~~

~~—Activities under CCASS are subject to the General Rules of CCASS and Operational Procedures in effect.~~

For Office Use Only

| | | | | | |
|--------------------|----------------------|--------------------------|----------------------------|-----------------------|---------------|
| Signature Verified | Instruction Approved | DTC Instruction Prepared | DTC Instruction Authorized | CCASS Account Updated | Advice Issued |
| | | | | | |

Cross-border Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited ("HKSCC")
 2/F ~~InfinitusViewood~~ Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Date : _____

Dear Sirs,

FOREIGN SECURITIES - ' RECEIVE FREE OF PAYMENT ' INSTRUCTION

| | | |
|---|--------------------|--|
| 1. Please RECEIVE the below shares Free of Payment via Depository Trust Company Limited ("DTC") according to the following instruction for value _____ (yy/mm/dd) New York Time. | | |
| Name of Delivering DTC Participant | | DTC Account Number of Delivering Participant |
| CUSIP <i>(Security Identifier Number)</i> | Name of Securities | Share Quantity |
| | | |
| 2. Upon receipt of '-stock received-' confirmation from DTC, please CREDIT my/our CCASS Stock Account Number _____ with the following holdings: | | |
| Stock Code | Stock Name | Number of Shares |
| | | |

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC no later than 2:00 p.m. (Hong Kong Time) for the specified value date settlement in DTC;
- (2) for Receive Free of Payment Instruction, due to time difference between Hong Kong and New York, my/our CCASS Stock Account will be credited with the relevant Nasdaq-Amex Stock on the next business day after receipt of stock receive confirmation from DTC; and
- (3) my/our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Participant ID : _____

Participant Name
(in block letter) : _____

Contact Person /
Telephone Number : _____

Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Note:

- Hong Kong Securities Clearing Company Limited account with DTC:
 Account Name : **Hong Kong Securities Clearing Company Limited**
 Account Number : **2338**

- ~~—Your instruction should reach us not later than 2:00 p.m. (Hong Kong Time) for the specified value date settlement in DTC.~~
- ~~—For Receive Free of Payment Instruction, due to time difference between Hong Kong and New York, your CCASS Stock Account will be credited with the relevant Nasdaq-Amex Stock on the next business day after receipt of stock receive confirmation from DTC.~~
- ~~—Activities under CCASS are subject to the General Rules of CCASS and the CCASS Operational Procedures.~~

For Office Use Only

| | | | | | |
|--------------------|----------------------|--------------------------|----------------------------|-----------------------|---------------|
| Signature Verified | Instruction Approved | DTC Instruction Prepared | DTC Instruction Authorized | CCASS Account Updated | Advice Issued |
| | | | | | |

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To : Hong Kong Securities Clearing Company Limited ("HKSCC")
 2/F ~~Infinitus~~Viewood Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Date : _____

Dear Sirs,

FOREIGN SECURITIES – CANCEL ' RECEIVE FREE OF PAYMENT ' INSTRUCTION

| | | |
|--|--------------------|--|
| Please CANCEL the following ' Receive Free of Payment ' Instruction via Depository Trust Company ("DTC") sent to you on _____ (yy/mm/dd). | | |
| Name of Delivering DTC Participant | | DTC Account Number of Delivering Participant |
| | | |
| CUSIP <i>(Security Identifier Number)</i> | Name of Securities | Share Quantity |
| | | |

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC no later than 2:00 p.m. (Hong Kong Time) for same day execution;
- (2) for Cancel 'Receive Free of Payment' Instruction, cancellation will be valid only upon receipt of DTC's confirmation; and
- (3) my/our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.

Participant ID : _____

Participant Name
(in block letter) : _____

Contact Person /
Telephone Number : _____

Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Note:

- Hong Kong Securities Clearing Company Limited account with DTC:
 Account Name : **Hong Kong Securities Clearing Company Limited**
 Account Number : **2338**

- ~~—Your instruction should reach us not later than 2:00 p.m. (Hong Kong Time) for same day execution.~~
- ~~—For Cancel 'Receive Free of Payment' Instruction, cancellation will be valid only upon receipt of DTC's confirmation.~~
- ~~—Activities under CCASS are subject to the General Rules of CCASS and Operational Procedures in effect.~~

| | | | | | |
|-----------------------------------|----------------------|--------------------------|----------------------------|-----------------------|---------------|
| <i>For Office Use Only</i> | | | | | |
| Signature Verified | Instruction Approved | DTC Instruction Prepared | DTC Instruction Authorized | CCASS Account Updated | Advice Issued |
| | | | | | |

