

Change of Authorised Signatories Form (For Master SPSA Holder)

Your request will normally be processed in five business days upon receipt of your form. Upon completion, HKSCC will confirm you the effective date of the changes by email.

To: Clearing Participant Admin. & Services
Hong Kong Securities Clearing Company Limited
30/F, One Exchange Square
8 Connaught Place, Central
Hong Kong
(China Connect Hotline: 2979-7123)

From: _____
(Full Name)

Master SPSA Holder ID: **[F]** | | | | |

(Contact Person)

(Tel No.)

(Email)

1. Details of Change

- 1.1 New List of Authorised 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 Authorised Signatories signing alone shall be valid.
 Any two of the Authorised 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 Authorised 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		

2. Prescribed Supporting Documents Submitted with this Form

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

Signed by the Master SPSA Holder:

 Authorised Signature(s)
 (with Company Chop if it is required)
 Name of Signatory(ies) : _____

 Date Signed

For Office Use Only

Date Received:	Signature Verified & Processed by:	Reviewed by:	Effective Date:	Form/Sig. List Scanned by:	Form/Sig List Verified by:
	Date:	Date:	Confirmed with:	Date:	

From: _____
(Full Name)

- New List
- Addition
- Signature/Group Amendment

Master SPSA Holder ID: **|E|** | | | | |

(Contact Person)

(Tel No.)

(Email)

Specimen Signature (please sign in the middle of the box by using **black or dark blue ball pen** and do not let your signature touch or overlap any lines)

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 () _____
<p>Signing Instruction:</p> <ul style="list-style-type: none"> <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 _____ _____ _____	<p>Company Chop Requirement (see * below):</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes (please stamp the chop clearly and do not let it touch or overlap any lines of this box)

Company chop is required **ONLY if you are required to affix company chop to execute a document under the laws of your jurisdiction of incorporation, your articles of association or your company policy.*

For Office Use Only				
Date Received:	Processed by:	Reviewed by:	S. Scanned by:	S. Verified by:
Date:	Date:	Date:	Date:	Effective Date:

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 Authorised Signatories of the Company for signing various prescribed forms of, and/or giving written instructions to **Hong Kong Securities Clearing Company Limited (“HKSCC”)** in connection with any matters arising from the Company’s use and operations of the Master SPSA service be changed to the following and that

- any one of the Authorised Signatories signing alone shall be valid:**
- any two of the Authorised 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 Authorised Signatories signing jointly shall be valid:**
- company chop must be affixed in addition to signature(s):**
- company chop is not required to be affixed in addition to signature(s):**
- others :** _____

No.	Full Name in English	Signing Group

2. **THAT** the aforesaid changes be communicated to **HKSCC** in accordance with such requirements as it may prescribe for updating its records;
3. **THAT** the Company shall hold **HKSCC** harmless against any and all claims that may arise by reason of **HKSCC** acting on such written instructions of the Authorised Signatories and **HKSCC** shall incur no liability for or in respect of any such action; and
4. **THAT** these resolutions supersede all previous authorisations and be communicated to **HKSCC** and shall as between the Company and **HKSCC** 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 **HKSCC**.”

Certified By:

Signature

Date Signed

Full Name of Signatory: _____

Position: **Director**/ **Company Secretary**