

List of Authorised Signatories with Specimen Signatures

From: _____
(Full Name)

- New List
- Addition
- Signature/Group Amendment

Please tick "✓" in appropriate box and fill in ID/code.

HKSCC Participant Designated Bank

Participant/Bank ID: |_|_|_|_|_|_|_|_|

HKCC Participant SEOCH Participant

DCASS Customer Code: |_|_|_|_|_|_|

(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> <p><input type="checkbox"/> Any one signature shall be valid.</p> <p><input type="checkbox"/> Any two signatures shall be valid.</p> <p><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.</p> <p><input type="checkbox"/> Others, please specify</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Company Chop Requirement (see * below):</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please stamp the chop clearly and do not let it touch or overlap any lines of this box)</p>

*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:	Effective Date:
	Date:	Date:	Date:		