

**(SAMPLE RESOLUTION)**

CERTIFIED TRUE EXTRACT of Minutes of the Meeting of the Board of Directors of (name of Applicant) (the "Company") held on (date) at (Place) at (time) at which a quorum was present.

**A. APPLICATION FOR BEING A SYNAPSE USER / DESIGNATED SERVICE PROVIDER OF HONG KONG SECURITIES CLEARING COMPANY LIMITED ("HKSCC")**

**IT WAS RESOLVED THAT** (name of Authorised Person) be authorised to execute and sign on behalf of the Company all relevant documents, including the Synapse User & Designated Service Provider Application / Change of Details Form, in relation to the admission as Synapse User / Designated Service Provider of HKSCC.

**B. LIST OF AUTHORISED SIGNATORIES WITH SPECIMEN SIGNATURES**

**“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 Synapse 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**.”

I / We hereby certify that this is a true and correct extract of this original Minutes of the Meeting of Directors of the Company.

\_\_\_\_\_  
Director/Company Secretary

Full Name of Signatory: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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From (Company Name):

\_\_\_\_\_

Synapse User Type / Designated Service Provider Type:

- Asset Manager  
  Global Custodian  
  Local Custodian  
  Exchange Participant  
  Clearing Participant  
 Asset Manager's Middle Office Outsourcing Operator  
 Exchange Participant's Middle Office Outsourcing Operator  
 Clearing Participant's Account Operator

\_\_\_\_\_ (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><b>Signing Instruction:</b></p> <p> <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>	<p><b>Company Chop Requirement (see * below):</b></p> <p> <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)         </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:		