

## Change of Authorised Signatories Form (For Synapse Service)

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: Post Trade Market Access & Administration  
Clearing Services  
Hong Kong Securities Clearing Company  
Limited  
30/F, One Exchange  
Square, 8 Connaught  
Place, Central Hong Kong  
(Email: cdco\_cas@hkex.com.hk)

From: \_\_\_\_\_  
(Company Name)

Synapse User Types / Designated Service Provider Types:  
 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)

### 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 Synapse User / Designated Service Provider:**

\_\_\_\_\_  
 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 (Company Name):

- New List  
 Addition  
 Signature/Group Amendment

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:
	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 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**.”

**Certified By:**

\_\_\_\_\_  
Signature

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

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

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