

**(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 THE MASTER SPSA HOLDER 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 Master SPSA Holder Application/ Change of Details Form, Client Connect Delegated Administrator Right Application / Maintenance Form, Master SPSA ID and Designated Executing Broker Maintenance Form and Master SPSA ID to SPSA Mapping Maintenance Form, in relation for admission as Master SPSA Holder 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 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 |
|-----|----------------------|---------------|
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|     |                      |               |
|     |                      |               |

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: \_\_\_\_\_

(Full Name)

- ☐ New List  
☐ Addition  
☐ Signature/Group Amendment

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

(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 ( )   |  |
| <b>Signing Instruction:</b><br><input type="checkbox"/> Any one signature shall be valid.<br><input type="checkbox"/> Any two signatures shall be valid.<br><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.<br><input type="checkbox"/> Others, please specify<br>_____<br>_____<br>_____ |  | <b>Company Chop Requirement (see * below):</b><br><input type="checkbox"/> No<br><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:          | Effective Date: |