

(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, Registration Form for Internet Report Access Platform (iRAP), 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

- 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 () _____
Signing Instruction: <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 _____ _____ _____	Company Chop Requirement (see * below): <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:	Effective Date:
	Date:	Date:	Date:		