

From: _____
(Full Name)

- New List
- Addition
- Signature/Group Amendment

Master SPSA Holder ID: **|E|** | | | | |

(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> <ul style="list-style-type: none"> <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>Company Chop Requirement (see * below):</p> <ul style="list-style-type: none"> <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:
	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 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**.”

Certified By:

Signature

Date Signed

Full Name of Signatory: _____

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