

## List of Authorised Signatories with Specimen Signatures

From: \_\_\_\_\_  
(Full Name)

- New List
- Addition
- Signature/Group Amendment

Please tick "✓" in appropriate box and fill in ID/code.

HKSCC Participant     Designated Bank

Participant/Bank ID: |\_|\_|\_|\_|\_|\_|\_|\_|

HKCC Participant     SEOCH Participant

DCASS Customer Code: |\_|\_|\_|\_|\_|\_|

\_\_\_\_\_  
(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.</p> <p><input type="checkbox"/> Any two signatures shall be valid.</p> <p><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.</p> <p><input type="checkbox"/> Others, please specify</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Company Chop Requirement (see * below):</b></p> <p><input type="checkbox"/> No</p> <p><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:		

**(SAMPLE RESOLUTION)**

**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.

Please tick "✓" in appropriate boxes below

**"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 The HKFE Clearing Corporation Limited ("HKCC") in connection with any matters arising from the Company's participation and operations in the Derivatives Clearing and Settlement System ("DCASS") and the Common Collateral Management System ("CCMS") be changed to the following and that

- any one of the Authorized Signatories signing alone shall be valid/
- any two of the Authorized Signatories signing jointly shall be valid/
- any two of Group A or any one Group A and any one of Group B of the Authorized 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 HKCC in accordance with such requirements as it may prescribe for updating its records;
- 3. **THAT** the Company shall hold HKCC harmless against any and all claims that may arise by reason of HKCC acting on such written instructions of the Authorised Signatories and HKCC 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 HKCC and shall as between the Company and HKCC 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 HKCC."

**Certified By:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

Name of Signatory:

Position:  Director /  Company Secretary

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