

THE SEHK OPTIONS CLEARING HOUSE LIMITED

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ON-BEHALF COVER / DECOVER REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :
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Contact Person for This Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Please tick the appropriate box and complete relevant details below:

Please perform covering of position with details as follows :

Account	Series	Cover Request in no. of shares	Remark
Total :			

Please perform decovering of position with details as follows :

Account	Series	Decover Request in no. of shares	Remark
Total :			

 Authorised Signature(s) of SEOCH Participant (with company chop, ONLY applicable if it forms part of your signing instruction)

 Date

Name of Signatory(ies) : _____