



Signatories for and on behalf of the Transferor Clearing Member:

We acknowledge and confirm the above and are authorized to sign for and on behalf of the Transferor Clearing Member.

Authorized Signature(s) and Company Chop  (Name of Signatories: _____ )	Date
---	------

<b>For Office Use Only</b>				
Received Date:	Verified by:	Approved by:	Checked by:	Effective Date:
	Date:	Date:	Date:	
<b>For Office Use Only</b>				