

OTC Clearing Hong Kong Limited ("OTC Clear")

T		_	g Operations		_	
	30/F, One Exchange Square 8 Connaught Place				(Evil name of Clearing Member)	
		Hong Kong	<u> </u>			(Full name of Clearing Member)
	Tel: 221		7	OCASS Clear	ing Member ID:	
	Fax: 24	27 1122			Contact Person:	
					Tel: Fax:	
leas	e tick " √ "in	the appro	priate box			
	□Replac	e	□Update term	ıs		
eque	est Details					
						ing information to facilitate appointment and
	ersigned by			i tile agreemei	it relating to the	арропинент ани
1.	Please indicate the name of your Process Agent:					
2.	Please indicate the address of your Process Agent:					
2						
3.	Please indicate the termination date of your Process Agent, please put "Nil" if it is an evergreen agreement:					
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Aut	thorised Sign	nature(s) and	l Company Chop		Date	
(Na	ame of Signa	tories:)		
				For Office	Use Only	
Rec	ceived Date:	Verified by	:	Approved by:		Effective Date:
		Date:		Date:		