

OTC Clearing Hong Kong Limited (“OTC Clear”)

Change of Authorized Signatories Form

To: OTC Clear Clearing Operations
30/F, One Exchange Square
8 Connaught Place
Central, Hong Kong

Tel: 2211 6508
Fax: 2427 1122

From: _____

(Full name of Clearing Member)

OCASS Clearing Member ID: | |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Contact Person: _____
Tel: _____
Fax: _____

Please allow five business days for OTC Clear to process your change request

Part I: Details of Change

Please tick “✓” in the appropriate box

1.1 New List of Authorized Signatories Addition Signature/Group Amendment

| No. | Full Name | Signing Group | No. | Full Name | Signing Group |
|-----|-----------|---------------|-----|-----------|---------------|
| 1 | | | 2 | | |
| 3 | | | 4 | | |
| 5 | | | 6 | | |
| 7 | | | 8 | | |

Signing Instruction:

- 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 of Group A plus any one of Group B of the Authorized Signatories signing jointly shall be valid.
 Others, please specify _____.

1.2 Deletion of Authorised Signatories from the Previous List

| No. | Full Name | Signing Group | No. | Full Name | Signing Group |
|-----|-----------|---------------|-----|-----------|---------------|
| 1 | | | 2 | | |
| 3 | | | 4 | | |

Part II. Prescribed Supporting Documents Submitted with this Form

- 2.1 Completed and signed List of Authorized Signatories with Specimen Signatures; and
 2.2 Certified True Extract of Minutes of the Board of Directors authorizing the aforesaid change of Authorized Signatories by a director or the company secretary, or such equivalent document.

Authorised Signature(s) and Company Chop
(Name of Signatories: _____)

Date

| For Office Use Only | | | | | |
|---------------------|------------------------|----------------------|-----------------------|----------------------------------|-----------------|
| Date Received: | Processed by: Date: | Reviewed by Date: | Approved by: Date: | Copy sent to archiving: Date: | Effective Date: |

OTC Clearing Hong Kong Limited ("OTC Clear")

List of Authorized Signatories with Specimen Signatures

To: OTC Clear Clearing Operations
 21/F, One Exchange Square
 8 Connaught Place
 Central, Hong Kong

Tel: 2211 6508
 Fax: 2427 1122

From: _____

 (Full name of Clearing Member)

OCASS Clearing Member ID: | |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Contact Person: _____
 Tel: _____
 Fax: _____

Please tick "✓" in the appropriate box

- 1.1 New List of Authorized Signatories Addition Signature/Group Amendment

Specimen Signature (please sign in the middle of the box by using **black or dark blue ball pen**)

| | |
|--|--|
| 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 () |
| Signing Instruction: <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 or any one of Group A plus any one of Group B signatures shall be valid. <input type="checkbox"/> Company chop must be affixed in addition to signature(s). <input type="checkbox"/> Company chop is not required to be affixed in addition to signature(s) <input type="checkbox"/> Others, please specify _____ | Specimen Company Chop <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) |

| For Office Use Only | | | | | |
|---------------------|---------------|-------------|--------------|-------------------------|-----------------|
| Date Received: | Processed by: | Reviewed by | Approved by: | Copy sent to archiving: | Effective Date: |
| | Date: | Date: | Date: | 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 Authorized Signatories of the Company for signing various prescribed forms of, and/or giving written instructions to, The OTC Clearing Hong Kong Limited (“OTC Clear”) in connection with any matters arising from the Company’s participation and operations in the OTC Account and Settlement Information System (“OASIS”) 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 of Group A plus any one of Group B of the Authorized Signatories signing jointly shall be valid;

| No. | Full Name in English | Signing Group |
|-----|----------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. **THAT** the aforesaid changes be communicated to OTC Clear in accordance with such requirements as it may prescribe for updating its records;
3. **THAT** the Company shall hold OTC Clear harmless against any and all claims that may arise by reason of OTC Clear acting on such written instructions of the Authorized Signatories and OTC Clear shall incur no liability for or in respect of any such action; and
4. **THAT** these resolutions supersede all previous authorizations and be communicated to OTC Clear and shall as between the Company and OTC Clear 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 OTC Clear.”

Certified By:

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

 (Date Signed)

Full Name of Signatory(ies): _____

Position: * Director/Company Secretary

* Please delete as appropriate