

## Subscription of Open Offers Form

Depository and Nominee Services  
 Hong Kong Securities Clearing Company Limited ("HKSCC")  
 30/F, One Exchange Square,  
 8 Connaught Place, Central, Hong Kong  
 Fax no.: 2815 2728

Date : \_\_\_\_\_

Dear Sirs,

Re: Open Offer for shares of \_\_\_\_\_ (Company Name)  
 (Stock Code : \_\_\_\_\_) at \_\_\_\_\_ / \_\_\_\_\_ (currency / subscription price) per share

Please act on our behalf in respect of our holding as follows:-

### Open Offer

Take up \_\_\_\_\_ new shares in respect of our holdings. We will credit good funds of \_\_\_\_\_ / \_\_\_\_\_ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC's instructions.

Pursuant to the above, please debit \_\_\_\_\_ units of the offer rights of the company mentioned above from our CCASS stock account number \_\_\_\_\_.

### Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for \_\_\_\_\_ excess shares on our behalf. We will credit good funds of \_\_\_\_\_ / \_\_\_\_\_ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC's instructions.

### ***We understand and acknowledge that:***

- (1) *this form should reach HKSCC no later than the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement;*
- (2) *if HKSCC does not receive this form by the stated deadline, HKSCC is entitled (but not bound) to take such actions with respect to our securities as it may consider fit;*
- (3) *HKSCC will debit immediately from our CCASS stock account the number of the offer rights that we are entitled to subscribe for as set out herein upon receipt of our request; and*
- (4) *our request and instructions will only be effected or accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time.*

\_\_\_\_\_  
 Authorized Signature of CCASS Participant

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

Participant ID : \_\_\_\_\_

Name (in block letter) : \_\_\_\_\_

CCASS Stock A/C# : \_\_\_\_\_

Contact Tel No : \_\_\_\_\_

Contact Person : \_\_\_\_\_