

中央結算系統運作程序規則

定義

(a) 為便利讀者，規則內的定義茲重覆載列如下：

- 「合資格證券」 指 根據規則第501條，不限於目前獲結算公司接納可於中央結算系統內存放、結算和交收的已發行證券(包括但不限於境外證券、債務證券、預託證券、結構性產品、外匯基金債券、政府債券、指定債務工具、債務工具中央結算系統債務工具、認股權證、期權及基金單位及其他根據集體投資計劃所規定的股權)；同時，(a)若文義所需，包括任何數量的該等已發行證券，以及(b)除非文義不許可，否則包括在發行後獲接納為合資格的新發行股份；
- 「新發行股份」 指 新股發行中的股份、預託證券、認股權證、結構性產品、債務證券或基金單位；
- 「基金單位」 指 單位信託中一個不分割份數或不分割實益權益、基金或類似的投資安排；

第八節

代理人服務

8.18 電子認購新股指示

8.18.1 緒言

參與者可透過電子方式指示結算公司：(a)安排代理人代其認購新發行股份，以及(b)安排支付認購款項，並在未能成功認購新發行股份或只能成功認購部分新發行股份的情況下退還認購款項。參與者發出電子認購新股指示時，參與者便被視為同意以下條文：

- (xi)參與者授權發行人，就其獲配發的新發行股份，發出以代理人為名義的股票，並在招股章程所載結算公司或代理人派發股票的指定時間之前，將該等股票送交中央結算系統存管處服務櫃檯；

Date: _____

Hong Kong Securities Clearing Company Limited
2/F Infinitus Plaza
199 Des Voeux Road Central
Hong Kong

Stock Pledgee Declaration Form

We declare that we entered into a stock pledgee transaction with CCASS Participant [ID/Name] _____ on [date] _____. The said CCASS Participant has failed to meet its obligation under the said transaction. We enclose herewith a Withdrawal Order Input Request Form duly completed and signed by us and request the physical withdrawal of the securities from our Stock Account. The withdrawal details are as follows: -

Participant ID : _____
Name (in Block Letter) : _____
CCASS Stock Account number : _____
Stock code : _____
Stock Name : _____
Number of Shares : _____
Reasons : With reference to SI Input No. _____

Authorized Signature of CCASS Participant
(With Company Chop)

c.c. Default Stock Pledgor

Note to Participant : A completed and signed Withdrawal Order Input Request Form should be submitted together with this form to CCASS Depository.

Beneficiary Details and Registration Authorization Form
Beneficiary Details and Authorization

To: Hong Kong Securities Clearing Company Limited (“HKSCC”)
 2/F, Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong

Re: Registration of _____ units (____ / _____, currency / nominal amount)
 in _____ (Name of Bond)

We refer to our withdrawal request (Login Withdrawal Order No. V_____) inputted into CCASS on _____ (date) for _____ units (____ / _____, currency / nominal amount) in the above-named security and, hereby request HKSCC to arrange for the registration of the said security into the name of _____ (the beneficiary) in accordance with the attached Registration and Payment Instructions. We shall collect the bond certificate(s) on behalf of the registered bondholder at the CCASS Depository when they are available.

 Company Chop and Authorized Signature(s) of CCASS Participant

REGISTRATION AUTHORIZATION

To: _____(Name of Issuer/Transfer Agent)

Re: Registration of _____ units (____ / _____, currency / nominal amount)
 in _____ (Name of Bond)

We enclose herewith ____ / _____ (currency / nominal amount) of the above-named security and hereby request you to arrange for the registration of ____ / _____ (currency / nominal amount) of the said security in accordance with the Registration and Payment Instructions as set out below, please let us have the balance in one Global Certificate amounting to ____ / _____ (currency / nominal amount).

HKSCC Nominees Limited

 Authorized Signature (s)

Registration and Payment Instructions

I/We hereby confirm that I/we have authorized HKSCC to request the Issuer/Transfer Agent of _____ (Name of Bond) to register a total of ____ / _____ (currency / nominal amount) in my/our name(s) in accordance with my/our instructions as set out below:

Denomination required: _____ x ____ / _____ (currency / nominal amount)

Name of bondholder: _____

Address of bondholder:

_____ Tel: _____

Please pay the redemption proceeds and/or interest payment to my/our Bank Account as follows:

Bank: _____ Bank A/C No.: _____

 Authorized Signature(s) of bondholder(s)

 Specimen Signature(s) of bondholder(s)

Foreign Currency Dividend Entitlement Instruction Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: _____ (Company Name)
 (Stock Code : _____)

Dividend at _____ / _____ (currency / amount) per share

Payable : on or about _____

We wish to receive the above dividend on our holding of _____ shares held for our account as follows:-

1. In Bank Draft after deducting the charges incurred
2. Credit to our bank account via telegraphic transfer held with

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the election 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; and*
- (3) *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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Note:

Please tick the appropriate box(es).

Cash/Scrip Dividend Election Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: _____ (Company Name)
 (Stock Code : _____)

Optional Dividend at _____ / _____ (currency / amount) per share or
 _____ / _____ (currency / amount) per share or
 _____ / _____ (currency / amount) per share

Payable : on or about _____

We wish to receive the above dividend on our holding held in our account as follows:-

1. In cash (, currency) in respect of our total holding as at the last registration date.
2. In scrip in respect of our total holding as at the last registration date.
3. In cash and/or scrip in accordance with the following distribution

Cash dividend (, currency) to be received on our _____ shares
Cash dividend (, currency) to be received on our _____ shares
Cash dividend (, currency) to be received on our _____ shares
Scrip to be received on our _____ shares

We understand and acknowledge that:

- (1) this form should reach HKSCC no later than the close of the election 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; and
- (3) 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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Note:
 Please tick the appropriate box and insert the number of shares if you opt for item 3.

Subscription of Open Offers Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road 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)

Participant ID : _____
 Name (in block letter) : _____
 CCASS Stock A/C# : _____
 Contact Tel No : _____
 Contact Person : _____

Take-over Offer Acceptance/Election Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: _____ (Company Name) (Stock Code: _____)

Cash Offer at _____ / _____ (currency / offer price) per share and/or

Scrip or Securities Exchange Offer at _____ per share

We wish to accept the above take-over offer in respect of our holding of _____ shares held in our account. Accordingly, please debit _____ shares of the company mentioned above from our CCASS stock account number (_____) as follows:-

1. Acceptance of the offer consideration in CASH in respect of our holding as stated above.
2. Acceptance of the offer consideration in SCRIP in respect of our holding as stated above.
3. Acceptance of the offer consideration in cash and in scrip

Cash to be received in respect of _____ shares out of the holding as stated above.
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Scrip to be received in respect of _____ shares out of the holding as stated above.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the offer 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 shares 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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel number : _____
 Contact Person : _____

Note:

Please tick the appropriate box and insert the number of shares if you opt for item 3.

Rights Issue Subscription Request Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Rights Issue for shares of _____ (Company Name)
 (Stock Code: _____) at _____ / _____ (currency / subscription price) per share

Please act on our behalf on our holding as follows:-

Rights Allotment

Take up _____ new 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.

Accordingly, please debit _____ nil-paid 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 nil-paid rights 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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No : _____
 Contact Person : _____

Warrant Conversion Request Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Conversion of Warrants

In respect of the warrants held by you for our account, we wish you to act as follows:-

EXERCISE the subscription rights attached to our warrants: _____ (name of warrant) (Stock Code: _____) in _____ units of _____ (currency) to subscribe for _____ shares of _____ (Company Name) (Stock Code: _____) at ____/____ (currency / conversion price) per share, and 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 warrants mentioned above from our CCASS stock account number _____.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the warrant conversion 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 warrants 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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No : _____
 Contact Person : _____

DIVIDEND / BONUS CLAIM LETTER
股息 / 紅股申請書

Date :
日期
Claims ref :
申索編號

Hong Kong Securities Clearing Company Limited (“HKSCC”) and
HKSCC Nominees Limited (“HKSCC Nominees”)
Units 2505-6, 25/F, Infinitus Plaza
199 Des Voeux Road Central Hong Kong
香港中環德輔道中 199 號
無限極廣場 25 樓 2505-6 室
香港中央結算有限公司 (“香港結算”) 及
香港中央結算 (代理人) 有限公司 (“香港結算代理人”)

Dear Sir :
執事先生

In respect of the Dividend / Bonus Claim on _____ shares of _____ under certificate number _____
_____ registered in the name of HKSCC Nominees,

就以 香港結算代理人名義登記的 _____ 股 (股份號碼: _____), 本人 / 我們特此
來函申索有關的股息 / 紅股, (股份名稱)

I / We write on behalf of our client, _____, who through an oversight, neglected to have the above shares
transferred before the closing of the Company's book on _____.

本人 / 我們代表客戶 _____ 來函提出申索。由於該客戶一時疏忽, 沒有在有關截止過戶日期 (即 年 月 日)
之前辦妥股份過戶手續。

I/We enclose herewith the under-mentioned documents (Items 1-2 in original and Items 3-6 in certified true copies) in respect of the said shares for your
perusal:-

隨函附上下列有關該等股份的文件 (第 1、2 項為正本, 第 3 至 6 項為認證副本), 以供 貴公司參考:-

1. Letter of Indemnity
保證書
2. Original Claim Letter from beneficiary with the participant's endorsement
連同參與者簽署的受益人申索書正本
3. Purchase Contract Note
買賣合約
4. Stock Withdrawal Receipt
股份提取收據
5. Share Certificates and Transfer Deeds
股票及過戶契據
6. Transfer Receipt
過戶收據

As the shares were registered in the name of HKSCC Nominees, I/we should be grateful if you would arrange for refund of the following:-

由於該等股份是以 香港結算代理人名義登記, 懇請 貴公司安排發還:

_____ Interim/Final* dividend of _____ per share totalling _____
每股獲派的中期/年終*股息 \$ _____, 合共 \$ _____
(年度)

_____ Bonus Issue of _____ totalling _____ share of _____
的紅股 (每 _____ 股送 _____ 股), 合共 _____ 股 _____
(年度) (股份名稱)

I/We understand and acknowledge that all claims will only be effected and accepted by HKSCC subject to the General Rules of CCASS and the
CCASS Operational Procedures as are in force from time to time and to the participant agreements in effect and any other relevant documents from
time to time issued by HKSCC.

本人 / 我們明白及確認所有香港結算處理及接受的申請均受現行香港結算不時生效的《中央結算系統一般規則》及《中央結算系統運作程序
規則》、有效的參與者協議、以及香港結算不時發出的其他相關文件所約束。

Kindly contact our _____ on Tel: _____ if you have any queries on this matter.
如有任何疑問, 請電 _____ 與 _____ 聯絡。

Authorised Signature of CCASS Participant 中央結算系統參與者之認可簽署
(With Company Chop) (連同公司印章)

Participant ID : _____

參與者編號

Name (in block letter): _____

參與者名稱

LETTER OF INDEMNITY

To : Hong Kong Securities Clearing Company Limited (“HKSCC”) and
 HKSCC Nominees Limited (“HKSCC Nominees”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong

In consideration of HKSCC Nominees instructing and directing HKSCC to effect the act or acts set out in Part 1 below; and in consideration of HKSCC following the instructions of HKSCC Nominees with respect to any act mentioned in Part 1 below, we hereby undertake to indemnify both HKSCC and HKSCC Nominees (together, the “Companies”) in the manner set out in Part 2 below.

Part 1

To reimburse, or pay to us the Interim/Final* dividend of _____ / _____ (currency / amount) in total and/or send or release to us the bonus issue _____ shares of _____ (Stock Code / Name of the bonus issue) in total in respect of _____ shares of _____ (Company Name) (Stock Code: _____) (certificate number(s) _____) issued by the company and which are registered in the name of HKSCC Nominees.

Part 2

We undertake to keep each of the Companies indemnified against (i) all actions, claims or proceedings which may be brought against each of the Companies and (ii) all damages, costs and expenses suffered or incurred by each of the Companies and which may arise out of or in connection with either of the Companies having done or performed any of the acts mentioned in Part 1 above.

Dated this _____ day of _____ 20____

 Authorized Signature of CCASS Participant
 (With Company Chop)

 Banker’s endorsement

Participant ID : _____
 Name (in block letters) : _____
 Contact Tel No : _____
 Contact Person : _____

Witness by: _____
 (Signature)

 (Name)

Address: _____

*Delete whichever is inapplicable

Debt Securities Conversion Request Form

Nominees Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 Units 2505-6, 25/F, Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no.: 2815 2728

Date : _____

Dear Sirs,

Re: Conversion of Debt Securities

In respect of the debt securities held by you for our account, we wish you to act as follows:-

EXERCISE the conversion rights attached to our debt securities: _____
 _____ (name of debt securities)(Stock Code : ___) in _____ units of
 _____ (currency) to convert for _____ shares of _____
 _____ (Company Name)(Stock
 Code : _____) at _____ / _____ (currency / conversion price) per share; and
 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 debt securities mentioned above from
 our CCASS stock account number _____.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the debt securities conversion 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 debt securities 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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel number : _____
 Contact Person : _____

Debt Securities Redemption Acceptance Form

Nominees Section

Date : _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

Units 2505-6, 25/F, Infinitus Plaza

199 Des Voeux Road Central

Hong Kong

Fax no.: 2815 2728

Dear Sirs,

Re: _____ (Name of Debt Securities) (Stock Code : _____)

Debt Securities Redemption at _____ / _____ (currency / redemption price) per unit

We wish to exercise our right to redeem the debt securities in respect of our holding of _____ units held for our account in cash. Accordingly, please debit _____ units of debt securities from our CCASS stock account number _____.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the debt securities redemption 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 debt securities 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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

To: Clearing / Settlement Section Date : _____
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F, Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong
 Fax no. 2851 6921

Dear Sirs,

ENTITLEMENT ELECTION FORM - CNS POSITIONS

Regarding the following overdue position(s) as at second ex-all date:

Settlement Date			
Settlement Position Number			
Stock Code			
Stock Name			
Outstanding Share Quantity			
Total Outstanding Share Quantity			

* we wish to opt for the following entitlement (with reference to Announcement No : _____) :

1. In cash (, currency) in respect of our total outstanding share quantity.
2. In scrip in respect of our total outstanding share quantity.
3. In cash and/or scrip in accordance with the following distribution

Cash dividend (, currency) to be received on our _____ shares
Cash dividend (, currency) to be received on our _____ shares
Cash dividend (, currency) to be received on our _____ shares
Scrip to be received on our _____ shares

We understand and acknowledge that:

- (1) this form should reach HKSCC no later than the close of the election 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; and
- (3) 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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel number : _____
 Contact Person : _____

Note:

Please tick the appropriate box and insert the number of shares if you opt for item 3.

Rights Issues Subscription Election Form - CNS Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date: _____

Dear Sirs,

Re: Rights Issue for shares of _____ (Company Name)
 (Stock Code : _____) at ____ / _____ (currency / subscription price) per share

Please act on our behalf on our CNS long position(s) (Settlement Position Number(s) _____) as follows:-

Rights Allotment

Take up _____ new shares on our behalf and we will credit good funds of ____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for ____ excess shares on our behalf and 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 2:00 p.m. on the Business Day before the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

Subscription of Open Offer Form - CNS Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date: _____

Dear Sirs,

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

Please act on our behalf on our CNS long position(s) (Settlement Position Number(s) _____) as follows:-

Open Offer

Take up _____ new shares and we will credit good funds of _____ / _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance with HKSCC’s instructions.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for _____ excess shares on our behalf and 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 2:00 p.m. on the Business Day before the close of subscription period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)



Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

Take-over Offer Acceptance/Election Form - CNS Positions

Clearing / Settlement Section

Date : _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

7/F Infinitus Plaza

199 Des Voeux Road Central

Hong Kong

Fax no. 2851 6921

Dear Sirs,

Re : _____ (Company Name) (Stock Code : _____)

Cash Offer at _____ / _____ (currency / offer price) per share and/or

Scrip or Securities Exchange Offer at _____ per share

We wish to accept the above take-over offer in respect of our CNS long position(s) (Settlement Position Number(s) _____) of _____ shares as follows:-

1. Acceptance of the offer consideration in CASH in respect of our long position(s) stated above.
2. Acceptance of the offer consideration in SCRIP in respect of our long position(s) stated above.
3. Acceptance of the offer consideration in cash and in scrip

Cash to be received in respect of _____ shares of our position(s) stated above.

Scrip to be received in respect of _____ shares of our position(s) stated above.
--

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than 2:00 p.m. on the Business Day before the close of the offer period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No. : _____
 Contact Person : _____

Note:

Please tick the appropriate box and insert the number of shares if you opt for item 3.

Warrant Conversion Election Form - CNS Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date: _____

Dear Sirs,

Re: Conversion of Warrants

In respect of the warrants _____ (Stock Code) _____
 (name of warrant) due from the CNS long position(s) (Settlement Position Number(s)
 _____), we wish you to act as follows: -

EXERCISE the subscription rights attached to the warrants mentioned above in _____ units of
 _____ (currency) to subscribe for _____ shares of
 _____ (Company Name) (Stock Code : _____) at ____ /
 _____ (currency / conversion price) per share, and 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 2:00 p.m. on the Business Day before the close of the warrant conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No. : _____

Contact Person : _____

To: Clearing / Settlement Section, Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F, Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong
 Fax no. 2851 6921

Date:

APPLICATION FORM FOR CANCELLATION OF SETTLEMENT POSITION

I. Delivering Participant

Participant ID : _____ Participant Name: _____

Contact Person : _____ Telephone No : _____

II. Receiving Participant

Participant ID : _____ Participant Name: _____

Contact Person : _____ Telephone No : _____

III. Details of Settlement Position

Settlement Position No : _____

Position Type : _____

Stock Code : _____

Stock Name : _____

Settlement Date : _____

Outstanding Position Quantity: _____

Original Position Quantity : _____

Outstanding Position Amount: _____

Original Position Amount : _____

IV. Declaration by Both Participants

We hereby apply for the above-mentioned settlement position to be cancelled. The outstanding position has been / will be settled on _____ (date) by the following method:

We understand and acknowledge that 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.

Signed: _____
 Authorized Signature of Delivering Participant (with Company Chop) Authorized Signature of Receiving Participant (with Company Chop)

For Office Use

Checked by : _____ Date : _____
 Approved by : _____ Date : _____
 The position will be frozen on _____ and be cancelled on _____

Date: _____

To: Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

BUY-IN REQUEST FORM (FOR CCASS ISOLATED TRADES ONLY)

The following transaction is still outstanding as at the date of this letter. Please instruct the delivering Participant to buy back the shares required for completion of settlement.

Details of the outstanding transaction

Name of delivering participant	_____	CCASS Participant ID	_____
Settlement position no.	_____	Transaction date	_____
Stock name	_____	Stock Code	_____
O/S position quantity	_____	O/S position amount	_____

We understand and acknowledge that 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)

Participant ID : _____

Name (in block letter): _____

Contact Tel No: _____

To: Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

WITHDRAWAL OF BUY-IN REQUEST FORM (FOR CCASS ISOLATED TRADES)

Date: _____

Date of Buy-in Request Form	Name of seller	CCASS Participant ID	Stock Code	Stock Name	Settlement Position No.	O/S position quantity	O/S position amount

We understand and acknowledge that:

- (1) once the buy-in request (for CCASS Isolated Trade(s)) is withdrawn, HKSCC will not accept any further request on the unsettled Isolated Trade(s); and
- (2) 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)

Participant ID : _____
 Name (in block letter) : _____
 Contact Tel No : _____
 Contact Person : _____

Rights Issues Subscription Election Form - IT Positions

Clearing / Settlement Section

Date _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

7/F Infinitus Plaza

199 Des Voeux Road Central

Hong Kong

Fax no. 2851 6921

Dear Sirs,

Re: Rights Issue for shares of _____ (Company Name)
 (Stock Code : _____) at _____ / _____ (currency / subscription price) per
 share

Please act on our behalf on our IT Position(s) (Settlement Position Number(s)
 _____) as follows:-

Rights Allotment

Take up _____ new shares on our behalf and we will credit good funds of _____ /
 _____ (currency / amount) into the bank account of HKSCC Nominees Limited in accordance
 with HKSCC’s instructions.

Excess Application

Apart from the new shares which we are entitled to subscribe for, please also apply for
 _____ excess shares on our behalf and 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 2:00 p.m. on the Business Day before the close of the subscription period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Warrant Exercise Election Form - IT Positions

Clearing / Settlement Section

Date _____

Hong Kong Securities Clearing Company Limited (“HKSCC”)

7/F Infinitus Plaza

199 Des Voeux Road Central

Hong Kong

Fax no. 2851 6921

Dear Sirs,

Re: Exercise of Warrants

In respect of the warrants _____ (Stock Code) _____
(name of warrant) due from the IT long position(s) (Settlement Position Number(s),
_____), we wish you to act as follows:-

EXERCISE the subscription rights attached to the warrants mentioned above in _____ units of ____
(currency) to subscribe for _____ shares of _____
(Company Name) (Stock Code : _____) at _____ / _____ (currency / conversion
price) per share, 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 2:00 p.m. on the Business Day before the close of the warrant conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____

Name (in block letter): _____

Contact Tel number : _____

Contact Person : _____

Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited (“HKSCC”) Instruction Date: _____
 2/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn : Depository Services (Fax No.: 2543-7910)

Dear Sirs,

**EXCHANGE FUND NOTES, GOVERNMENT BONDS, SPECIFIED INSTRUMENTS AND/OR
 CMU INSTRUMENTS RECEIVE FREE OF PAYMENT INSTRUCTION**

1. Please RECEIVE notes Free of Payment via CMU according to the following instruction for value on _____ :			
DEBIT Counterparty (Account Code)	Beneficiary	Issue Number	Nominal Value (Currency)
2. Please CREDIT my/our CCASS stock account number _____ with the following holding :			
Stock Code	Stock Name	Number of Unit	

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC **No Later Than 2:00 p.m.** for same day settlement;
- (2) for Receive Free of Payment Instruction, my/our account will be credited upon receipt of EFN, Government Bonds, Specified Instruments and/or CMU Instruments by HKSCC from counterparty in CMU before 3:00 p.m. If EFN, Government Bonds, Specified Instruments and/or CMU Instruments are received after 3:00 p.m., my/our account will be credited on the next working day; and
- (3) my/our instruction will only be effected and accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time and to the participant agreements in effect and any other relevant documents from time to time issued by HKSCC.

Participant ID : _____

Participant Name
 (in block letters) : _____

Contact Person /
 Telephone Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Fax Number : _____

For Office Use Only					
Signature Verified	T. I. Input	T. I. Authorized	Account Updated	UML prepared / approved	Advice Issued

Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited (“HKSCC”) Instruction Date : _____
 2/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn : Depository Services (Fax No.: 2543-7910)

Dear Sirs,

**EXCHANGE FUND NOTES, GOVERNMENT BONDS, SPECIFIED INSTRUMENTS AND/OR
 CMU INSTRUMENTS DELIVER FREE OF PAYMENT INSTRUCTION**

1. Please DEBIT my/our CCASS stock account number _____ with the following holding :			
Stock Code	Stock Name	Number of Unit	
2. Please DELIVER notes Free of Payment via CMU according to the following instruction for value on _____ :			
CREDIT Counterparty (Account Code)	Beneficiary	Issue Number	Nominal Value (Currency)

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC **No Later Than 2:00 p.m.** for same day settlement;
- (2) for Deliver Free of Payment, instruction will automatically lapse if the instruction is not settled in the CMU on the value day. I am/We are obliged to submit a fresh instruction to HKSCC if I/we wish to settle the prescribed instruction on the next working day; and
- (3) my/our instruction will only be effected and accepted by HKSCC subject to the General Rules of CCASS and the CCASS Operational Procedures as are in force from time to time and to the participant agreements in effect and any other relevant documents from time to time issued by HKSCC.

Participant ID : _____
 Participant Name
 (in block letters) : _____
 Contact Person /
 Telephone Number : _____
 Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

For Office Use Only					
Signature Verified	Account Updated	T. I. Input	T. I. Authorized	UML prepared / approved	Advice Issued

Debt Securities Conversion Request Form - IT Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date _____

Dear Sirs,

Re: Conversion of Debt Securities

In respect of the debt securities due from the IT position(s) (Settlement Position Number(s) _____), we wish you to act as follows:-

EXERCISE the conversion rights attached to our debt securities: _____
 (name of debt securities) (Stock Code : _____) in _____ units of _____ (currency) to
 convert for _____ shares of _____
 (Company Name) (Stock Code : _____) at _____ / _____ (currency / conversion price) per
 share; and 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 2:00 p.m. on the Business Day before the close of the debt securities conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

Debt Securities Redemption Request Form - IT Positions

Clearing / Settlement Section
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Date _____

Dear Sirs,

Re: Redemption of Debt Securities

In respect of the debt securities due from the IT position(s) (Settlement Position Number(s) _____), we wish to act as follows:-

EXERCISE our rights to redeem the debt securities: _____ (name of debt securities)
 (Stock Code : _____) in _____ units.

We understand and acknowledge that:

- (1) *this form should reach HKSCC no later than the close of the debt securities redemption period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____

Name (in block letter) : _____

Contact Tel No : _____

Contact Person : _____

STOCK LENDING ACCOUNT OPENING FORM
開立股份貸出戶口申請表

To: Clearing / Settlement Section
Hong Kong Securities Clearing Company Limited
7/F Infinitus Plaza
199 Des Voeux Road Central
Hong Kong
Fax no. 2851 6921

香港中央結算有限公司
結算及交收組
香港中環德輔道中 199 號
無限極廣場 7 樓
傳真號碼：2851 6921

Agreement No.:
協議編號

(For IRD use only)
(稅務局專用)

I. LENDER'S PARTICULARS
貸出人資料

Participant I.D.:

參與者編號

Business Registration No.:

商業登記號碼：

Address:

地址：

Participant Name:

參與者名稱

II. BORROWER'S PARTICULARS

借入人資料

Name of Borrower:

借入人名稱

Hong Kong Securities Clearing Company Limited

香港中央結算有限公司

Business Registration No

商業登記號碼：

Address:

地址

12/F., One International Finance Centre, 1 Harbour View Street, Central, Hong Kong

香港中環港景街一號國際金融中心一期 12 樓

The Lender hereby applies to Hong Kong Securities Clearing Company Limited ("HKSCC") to open a Stock Lending Account in the Central Clearing and Settlement System ("CCASS"). The Lender hereby certifies that the particulars contained herein are true and correct. All securities borrowing transactions entered into with HKSCC shall be subject to the relevant provisions of the CCASS Rules, Operational Procedures and the Compulsory Stock Borrowing and Lending Regulations of CCASS each as amended from time to time.

貸出人特此向香港中央結算有限公司(「結算公司」)申請在中央結算及交收系統(「中央結算系統」)內開立一個股份貸出戶口，貸出人特此確認在本表格內所填寫的資料為真確無誤。所有與結算公司訂立的借入證券交易均受不時修訂的《中央結算系統一般規則》、《中央結算系統運作程序規則》及《強制證券借貸規例》的有關條文所約束。

For and on behalf of

Hong Kong Securities Clearing Company Limited

For and on behalf of

Lender

Authorized Signature (with Company Chop)

香港中央結算有限公司獲授權人士簽名(公司蓋印)

Date:

日期

Authorized Signature (with Company Chop)

貸出人獲授權人士簽名(公司蓋印)

Date:

日期

FOR OFFICE USE ONLY
內部專用

Signature Verified by:

核對簽名

Approved by:

批核

Input by:

輸入

Checked by:

核對

Date:

日期

Date:

日期

Date:

日期

Date:

日期

(In triplicate)
一式三份

Debt Securities Conversion Request Form - CNS Positions

Clearing / Settlement Section Date _____
 Hong Kong Securities Clearing Company Limited (“HKSCC”)
 7/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Fax no. 2851 6921

Dear Sirs,

Re: Conversion of Debt Securities

In respect of the debt securities due from the CNS position(s) (Settlement Position Number(s) _____), we wish you to act as follows:-

EXERCISE the conversion rights attached to our debt securities: _____
 (name of debt securities) (Stock Code : _____) in _____ units of _____ (currency)
 to convert for _____ shares of _____ (Company
 Name) (Stock Code : _____) at _____ / _____ (currency / conversion price) per share;
 and 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 2:00 p.m. on the Business Day before the close of the debt securities conversion period as specified by HKSCC in the relevant CCASS corporate announcement; and*
- (2) *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)

Participant ID : _____
 Name (in block letter): _____
 Contact Tel No : _____
 Contact Person : _____

Request For Maintenance Of Day-End Standing Withdrawal Instruction

To : Cash Clearing Risk Management Department
 Hong Kong Securities Clearing Company Limited
 8/F Infinitus Plaza
 199 Des Voeux Road Central, Hong Kong

Date : _____ (DD/MM/YY)

1. Particulars of Participant

Participant ID : _____ Participant Full Name : _____

Contact Person : _____

Contact Telephone Number : _____

Fax Number : _____

2. Day-End Standing Withdrawal Instruction

2.1 Nature of Request

Add Change Delete

2.2 Latest Instruction Details (For “Add” and “Change” only)

Applicable CCMS Account : House Collateral Account #0001

Minimum Free Balance : HK\$ _____

Effective Date* : _____ (DD/MM/YY)

* HKSCC has the right to override the effective date to a date as specified in section 3 below.

 Authorised Signature of CCASS Participant
 (with company chop)

3. For Use By HKSCC

Accept (revised Effective Date, if applicable : _____ (DD/MM/YY))

Reject

Remarks : _____

Checked by : _____

Approved by : _____

Cross-border Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited ("HKSCC")
 2/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Date : _____

Dear Sirs,

FOREIGN SECURITIES - ' DELIVER FREE OF PAYMENT ' INSTRUCTION

1. Please DEBIT my/our CCASS Stock Account Number _____ with the following holdings and,		
Stock Code	Stock Name	Number of Shares
2. DELIVER the above shares Free of Payment via Depository Trust Company ("DTC") according to the following instruction for value _____ (yy/mm/dd) New York Time.		
Name of Receiving DTC Participant		DTC Account Number of Receiving Participant
CUSIP (Security Identifier Number)	Name of Securities	Share Quantity

I/We understand and acknowledge that:

- (1) my/our instructions should reach HKSCC **no later than 2:00 p.m. (Hong Kong Time)** for the specified value date settlement in DTC; and
- (2) my/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.

Participant ID : _____

Participant Name
(in block letter) : _____

Contact Person /
Telephone Number : _____

Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Note:

- Hong Kong Securities Clearing Company Limited account with DTC:
 Account Name : **Hong Kong Securities Clearing Company Limited**
 Account Number : **2338**

For Office Use Only

Signature Verified	Instruction Approved	DTC Instruction Prepared	DTC Instruction Authorized	CCASS Account Updated	Advice Issued

Cross-border Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited ("HKSCC")
 2/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Date : _____

Dear Sirs,

FOREIGN SECURITIES - ' RECEIVE FREE OF PAYMENT ' INSTRUCTION

1. Please RECEIVE the below shares Free of Payment via Depository Trust Company Limited ("DTC") according to the following instruction for value _____ (yy/mm/dd) New York Time.		
Name of Delivering DTC Participant		DTC Account Number of Delivering Participant
CUSIP <i>(Security Identifier Number)</i>	Name of Securities	Share Quantity
2. Upon receipt of 'stock received' confirmation from DTC, please CREDIT my/our CCASS Stock Account Number _____ with the following holdings:		
Stock Code	Stock Name	Number of Shares

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC **no later than 2:00 p.m. (Hong Kong Time)** for the specified value date settlement in DTC;
- (2) for Receive Free of Payment Instruction, due to time difference between Hong Kong and New York, my/our CCASS Stock Account will be credited with the relevant Nasdaq-Amex Stock on the next business day after receipt of stock receive confirmation from DTC; and
- (3) my/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.

Participant ID : _____

Participant Name
(in block letter) : _____

Contact Person /
Telephone Number : _____

Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Note:

- Hong Kong Securities Clearing Company Limited account with DTC:
Account Name : **Hong Kong Securities Clearing Company Limited**
Account Number : **2338**

For Office Use Only

Signature Verified	Instruction Approved	DTC Instruction Prepared	DTC Instruction Authorized	CCASS Account Updated	Advice Issued

Cross-border Transfer Instruction Form

To : Hong Kong Securities Clearing Company Limited ("HKSCC")
 2/F Infinitus Plaza
 199 Des Voeux Road Central
 Hong Kong
 Attn: Depository Services (Fax No.: 2543-7910)

Date : _____

Dear Sirs,

FOREIGN SECURITIES – CANCEL ' RECEIVE FREE OF PAYMENT ' INSTRUCTION

Please CANCEL the following ' Receive Free of Payment ' Instruction via Depository Trust Company ("DTC") sent to you on _____ (yy/mm/dd).		
Name of Delivering DTC Participant		DTC Account Number of Delivering Participant
CUSIP <i>(Security Identifier Number)</i>	Name of Securities	Share Quantity

I/We understand and acknowledge that:

- (1) my/our instruction should reach HKSCC **no later than 2:00 p.m. (Hong Kong Time)** for same day execution;
- (2) for Cancel 'Receive Free of Payment' Instruction, cancellation will be valid only upon receipt of DTC's confirmation; and
- (3) my/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.

Participant ID : _____

Participant Name
 (in block letter) : _____

Contact Person /
 Telephone Number : _____

Fax Number : _____

 Authorized Signature of CCASS Participant
 (with Company Chop)

Note:

- Hong Kong Securities Clearing Company Limited account with DTC:
Account Name : **Hong Kong Securities Clearing Company Limited**
Account Number : **2338**

For Office Use Only

Signature Verified	Instruction Approved	DTC Instruction Prepared	DTC Instruction Authorized	CCASS Account Updated	Advice Issued

