

Date: _____

Hong Kong Securities Clearing Company Limited
1/F One & Two Exchange Square
8 Connaught Place
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”)
1/F One & Two Exchange Square, 8 Connaught Place, 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)

Creation of Units - Credit Authorization Form (Cash Application)

To : Hong Kong Securities Clearing Company Limited (“HKSCC”)
 1/F One & Two Exchange Square
 8 Connaught Place
 Central
 Hong Kong
 Attn : Depository Services (Fax No. : 2543-7910)

Date : _____

Creation Order No.: _____

Dear Sirs,

With reference to our Unit Creation Order (by Cash Application) in respect of _____ units in the _____ dated _____ and the subsequent acceptance of that Order, we hereby authorize HKSCC to credit the above units to our CCASS stock account number _____ on _____.

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.

Participant ID : _____

Participant Name : _____
 (in block letter)

Contact Person / Telephone Number : _____

**Authorized Signature of CCASS Participant
 (with Company Chop)**

Fax Number : _____

<i>For Office Use Only</i>				
Signature Verified	Instruction Approved	Units Credited	Report Checked	Advice Issued

