HKEX
香港交易所

Change of Company Name Form
(for Non-Investor Participant or Designated Bank)

Your request will normally be processed by HKSCC in three working days upon receipt of your form. On completion, HKSCC will confirm to you in writing the Effective Date for your New Company Name.

To: Clearing Administration & Services
Cash & Derivatives Clearing Operations
Hong Kong Securities Clearing Co Ltd
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong
(CCASS Hotline: 2979-7111)

From: _____

_____
(Full Name of Participant or Designated Bank)

Participant or Bank ID: _____

Target Effective Date: _____
(DD/MM/YYYY)

_____
(Contact Person) (Tel No.)

Details of Change

1. New Company Name as shown on the Certificate of Incorporation on Change of Name issued by the Companies Registry of Hong Kong or Business Registration Certificate or such other equivalent document.

   In English: _____

   In Chinese (Please state "N.A." if not applicable): _____

2. New Short Name in English: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
   (This Short Name should not be more than 15 alphanumeric characters. As it will be shown on all the CCASS terminal screens and reports to identify your company, please avoid using initials of your company name)

3. New Bank Account Name: (☐ Please tick "✓" in appropriate box)
   ☐ Same as New Company Name in 1 above
   ☐ If different from 1 above, please state _____
   (You must inform your Designated Bank separately to update its record regarding the name change before agreeing the Effective Date with HKSCC.)

4. Specimen of New Company Chop
   (Please stamp the chop clearly below)

_____

Signed by the Participant or Designated Bank:

_____ _____
Authorised Signature(s) and Company Chop Date Signed

Name of Signatory(ies): _____

For Office Use Only					
Date Received:		Part. Master Input & Dbase Updated by: Maker: Checker:	Alt Diff Designated Bank (USD / CNY) Updated by: Maker : Checker:	Agreed Effective Date:	
Signature Verified / Processed & Diary Updated by: Date:	Reviewed by: Date:	Report Checked by: Date:	Report Checked by: Date:	Form Scanned by:	Form Verified by:
Emailed to CCRM/CDCO-C&S/DNS-Depo/ CDCO-OSSA by: Date:		Emailed to CT-PS by: Date:	Company Chop Scanned by: Verified by:	Date:	