

致：協聯證券有限公司

(中央結算編號: B01252)

To : Corporate Brokers Limited

(CCASS ID: B01252)

| 客戶名稱 Account Name :                                  |  | 帳戶編號 Account Number :                               |                                    |                 |                     |
|--|--|---|------------------------------------|-----------------|---------------------|
| 指示類別 Instruction Type                                |  | 指示類別 Instruction Type                               |                                    |                 |                     |
| <input type="checkbox"/> 轉出證券 Delivery of Securities |  | <input type="checkbox"/> 轉入證券 Receipt of Securities |                                    |                 |                     |
| 交收方法 Settlement Method                               | 投資者帳戶號碼 Investor Account No.   |   |                                    |                 |                     |
| <input type="checkbox"/> 投資者交收指示 ISI                 |  |   |                                    |                 |                     |
| <input type="checkbox"/> 股票交收指示 SI                   | 對手名稱 Counterparty Name   | 對手編號 Counterparty ID                                | 對手之聯絡人及電話 Contact Person & Tel No. |                 |                     |
|  | 收款/付款指示 Payment Instruction<br><input type="checkbox"/> 無需付款交收 Free Of Payment (FOP)<br><input type="checkbox"/> 貨銀對付交收 Delivery/Receipt Versus Payment (DVP) 港幣 HKD : _____ |   |                                    |                 |                     |
| 股票編號 Stock Code                                      | 股票名稱 Stock Name  | 股票數量 Stock Quantity                                 | 股票編號 Stock Code                    | 股票名稱 Stock Name | 股票數量 Stock Quantity |
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本人/吾等承諾就本人交收指示所可能令 貴公司蒙受或承擔的任何費用或開支, 向貴公司作出彌償。  
 相關費用將於帳戶內扣除。

I/We also undertake to indemnify and keep your company indemnified in respect of any costs and expenses, whatsoever which may be suffered or incurred by you in connection with the instructions.

All charges in relation to the instructions will be debited from my account.  
 This form must be received by our Settlement Department at least one working day before the proceed date.

S.V.

客戶簽署 Client(s) Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_

| 內部專用 For office use only |                                    |                       |                |  |               |                    |             |
|--------------------------|------------------------------------|-----------------------|----------------|--|---------------|--------------------|-------------|
| Settlement Date<br>/ /   | Settlement Account<br>01 / 03 / 05 | Client Account Number |                | Purpose of SI / ISI<br><input type="checkbox"/> C = Broker-Custodian Trans. <input type="checkbox"/> M = Portfolio Movement <input type="checkbox"/> I = Investor-Intermediary |               |                    |             |
| Received by              | Position checked by                | Approved by           | CCASS input by | CCASS authorized by  | B.O. input by | B.O. authorized by | Reference # |
| CS                       | STL                                | MGT (RO / MGR)        | STL            | MGT  |               |                    |             |