To: Shenwan Hongyuan Securities (HK) Limited 申萬宏源證券(香港)有限公司

Stock Options Instructions 股票期權指示

Account Name (Number)
客戶戶口名稱 (號碼) _____ (_____)

Effective Date 生效日期 _____

EXERCISE 行使股票期權 / DENY EXERCISES 拒絕行使

Please perform the following action for my/our above-mentioned stock options account:
請在本人/吾等之股票期權戶口內進行以下操作:

☐ # **Exercise** stock options **行使**股票期權

☐ **Deny Exercise** of stock options 拒絕行使股票期權

Stock Option Code	MM/YY	Call / Put	Strike Price	No. of Lots
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\#   Shall there be an insufficient amount of relevant securities in the client's securities account, the client must buy back/deposit the relevant securities on T+1 before 3pm. If the client is unable to buy back/deposit the relevant securities within the time limit, we will act on behalf of the client to force buy back the securities, which the relevant charges and liability will be entirely borne by the client.
如果客戶的股票戶口內沒有足夠的相關股票，客戶必須自行在 T+1 下午 3:00 前補購/存入相關股票。 如客戶未能在限時前主動補購/存入相關股票，我司會替客戶進行強制補購，客戶需承擔一切有關費用及責任。

COVER 備兌 / DE-COVER 取消備兌

Please perform the following action for my/our above-mentioned stock options and /or securities account:
請在本人/吾等之股票期權戶口 及/或 證券戶口內進行以下操作:

A. ☐ Transfer the stock holding(s) from Securities A/C to Stock Options A/C 將下列股票從證券戶口轉到股票期權戶口
☐ **Cover 備兌**

B. ☐ Transfer the stock holding(s) from Stock Options A/C to Securities A/C 將下列股票從股票期權戶口轉到證券戶口
☐ **De-cover 取消備兌**

Stock Code	No. of Shares	Option Code	MM/YY	Call / Put	Strike Price	No. of Lots
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

_____
Signature of Customer or Authorised Person (with company chop where appropriate)
客戶或客戶授權人士簽署(如有需要請蓋章)

For Official Use Only

Responsible AE confirms that he/she had recorded the Customer's telephone instruction (Date : Time: Ext.) (Applicable for AE to confirm the instruction on behalf of the client.) _____ Signed by AE (Date :)		Inputted by	Checker
	BO2		
	OSS		
	DCASS		
	CCMS		

填妥此表格及簽署後，請傳真至本公司 Please fax the completed form to: **(852) 3525 8372**