

Room 2701-2703 27/F, Everbright Centre, 108 Gloucester Road, Wanchai, Hong Kong 香港灣仔告士打道 108 號光大中心 27 樓 2701-2703 室

2703 室 Tel 電話: (852) 3106 2213 Fax 傳真: (852) 3106 0001

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|------------------------------------|---------------------------|------------|-------------|--------------|-------|-------------------------|----------------------------|
| 長戶姓名: | | | 賬戶號碼: | | | 聯絡電話: | |
| 青閣下將已填妥的 表 | 長格交回本公司交收部 | №。傳真: (852 | 3106 0001 / | 電郵: cs@lee | ds.hk | | |
| 股票代號 | 股票名稱 | | 股(只供 | 票號碼 職員填寫) | | K | 设份數目 |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
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| 系戶簽署 (如屬公 司 | | | | | | 日期: | |
| | | | | | | | |
|]下或授權之第三者代表 | 長,可親臨本公司提取實貨 | | | 下願就有關指示 | | 三者代取股票承担 | 澹一切後果及損失 |
| 引下或授權之第三者代表 本人 | | | | 下願就有關指示 | | | 澹 一切後果及損失。 |
| 即下或授權之第三者代表 本人 | 長,可親臨本公司提取實貨 | | | 下願就有關指示 | | 三者代取股票承担 | 擔一切後果及損失· |
| | 長,可親臨本公司提取實貨 | | | 下願就有關指示 | | 三者代取股票承担 | ·詹一切後果及損失 · |
| 图下或授權之第三者代表 本人 受權人姓名: | 表,可親臨本公司提取實貨 現授權下列人士代表 | 本人收取股票 | | | 茲收至 | 三者代取股票承 小上列股票 | 擔一切後果及損失。 一切後果及損失。 ○ |

For Officer Use Only:

| AE / CS: | Signature | | Approval | CCASS | | System | |
|----------|--------------|-------------|----------|--------------|-------------|--------------|-------------|
| | Verified by: | Checked by: | | Inputted by: | Checked by: | Inputted by: | Checked by: |
| | | | | | | | |

Ver. Date: 2023/09/04



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PHYSICAL SCRIP WITHDRAWAL INSTRUCTION

| Client Name: | | | Account N | No.: | Pho | one No. : | |
|--|--|--|---|---|--|---|---|
| Please return t | he completed an | d signed form to | our Settlement Dept | t. Fax: (852) 31 | 06 0001 / Emai | l: cs@leeds.hk | |
| Stock Code | S | tock Name | | Certificate No. or Offcier Onl | No. of Shares | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| Client Signate | ure (with comp | any chop if app | licable) | | | Data | |
| Client or author | ized person can co | ollect shares in per | rson at our Company. A | authorized person | shall bring with | Date:this original authorized | prized letter. |
| Client understar | nds and accepts the | e risk to authorize | the third party to withd | _ | g physical scrips. | this original auth | |
| Client understar | and accepts the | e risk to authorize | | _ | g physical scrips. I / We hereb | this original authory confirmed th | at the above- |
| Client understar I / Wo Name of Auth | nds and accepts the | following perso | the third party to withd | _ | g physical scrips. I / We hereb | this original auth | at the above- |
| Client understar I / Wo Name of Auth | nds and accepts the authorize the norized Person: | e risk to authorize following perso : Clie | the third party to withd | lraw the followin | g physical scrips. I / We hereben mentioned s Client Signa | this original authory confirmed th | at the above- lected. |
| I / Wo Name of Auth ID No. of Aut | nds and accepts the authorize the norized Person: | c risk to authorize following perso : Click if ap | the third party to withd n to collect shares | company chop | I / We hereb mentioned s Client Signa (with compa | this original authory confirmed the chares were collections with the chare the chare authorized any chop if app | d person |
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