

STOCK DEPOSIT / WITHDRAWAL VIA CCASS

Date : _____

To : ANLI SECURITIES LIMITED (PARTICIPANT ID B01630)

Attn. : SETTLEMENT DEPT
(TEL: 2323 2262 FAX: 2323 2060)

CLIENT ACCOUNT NO. : _____

CLIENT NAME : _____

NAME OF STOCK	STOCK CODE	NO. OF SHARES	AMT/CONSIDERATION
1)_____	_____	_____	_____
2)_____	_____	_____	_____
3)_____	_____	_____	_____
4)_____	_____	_____	_____
5)_____	_____	_____	_____

You are requested to:

RECEIVE the above securities with details via CCASS From _____.

DELIVER the above securities with details via CCASS To _____.

free of payment

against payment HK\$_____

Settlement Date : _____ Participant ID _____

Contact person : _____ Contact telephone no. _____

Please debit the captioned client account for any costs or charges so incurred.

Authorized Signature(s)