

FEDERATION OF SHARE REGISTRARS LIMITED
APPLICATION FORM FOR MEMBERSHIP

This form should be completed in detail and submitted to the Federation at the following address:-

The Honorary Secretary
 Federation of Share Registrars Limited
 Level 24, Hopewell Centre
 183 Queen's Road East
 Hong Kong

(A)	Name of Applicant	<p><i>[Note: Please provide certified true copies of the following documents of the Applicant:- (1) certificate of incorporation (2) memorandum and articles of association; and (3) business registration certificate.]</i></p>	
(B)	Registered Address		
(C)	Business Address <i>[Please complete if differ from (B) above]</i>		
(D)	(a) Telephone Number (b) Fax Number (c) Email Address	(a)	(b) (c)
(E)	Share Capital	(a) Authorised :	(b) Issued :
		<p><i>[Note: Please provide certified true copies of latest annual return or return of allotments and/or proof of adequate financial resources to support the Applicant in carrying on share registration business.]</i></p>	
(F)	Names of Directors		
		<p><i>[Note: Please provide latest annual return and/or Form D2]</i></p>	
(G)	Contact Persons <i>[Please provide 2 major contact persons and their contact details]</i>	(1)	(2)
		Name :	
		Capacity :	
		Telephone Number :	
		Fax Number :	
		Email Address :	

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Please describe your plan on the following items if your application for membership is approved by the Federation.

(Please provide the information in separate sheet, if necessary)

(H)	Office Area		:	
		<i>(In square feet)</i>		
(I)	Organisation Structure			
	(a)	Please state the number of staff employed / to be employed for carrying on the business (including professional staff, staff with share registration experience and supporting staff)	:	
	(b)	Please state (i) the qualification of staff/ employees in managerial/supervisory level who will conduct or engage in the business [i.e. professional qualification granted by a recognized/qualified organisation in Hong Kong (such as HKICS & HKSA, etc.)] and (ii) their year of experience in share registration business in Hong Kong	:	
	(c)	Please provide an organisation chart of the Applicant (including staff/employees who are/will be mainly engaged in the share registration business)	:	
(J)	Counter Facilities			
	(a)	Any public counter for handling transfers or public enquiries	:	Yes / No
	(b)	If yes, please state the address	:	
	(c)	If no, please state how public enquiries will be handled	:	

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(K) Computer Facilities

(a) Please confirm whether a specifically :
 designed security registration system will be
 used for carrying on the business/daily
 operation, and briefly describe

(b) Please state the system model/specification :
 and processing capacity of the computer
 system for carrying on the daily securities
 registration operation

(c) Please state the maximum number of :
 registered holders that can be processed and
 maintained for:

- | | | |
|-------------------|------|--|
| (i) a client; and | (i) | |
| (ii) all clients | (ii) | |

(d) Other relevant information :

(L) Support Equipments For Share Registration Services

Please state the number if your answer is "Yes". If your answer is "No", please advise if such equipments will/will not be employed in future and the expected date of their availability (if applicable).

- | | | |
|---------------------------------------|----------|--|
| (a) Burster & cutter | Yes / No | |
| (b) Certificate printing machine | Yes / No | |
| (c) Cheque inserter | Yes / No | |
| (d) Counting machine | Yes / No | |
| (e) Envelope labelling machine | Yes / No | |
| (f) Microfilming machine/printer | Yes / No | |
| (g) Scanning machine / barcode reader | Yes / No | |
| (h) Sealing machine | Yes / No | |
| (i) Others [please specify] : | | |

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(M) Security Control

(a) Office :

(b) Counter :

(c) Strong Room / Storage Room / Places for safe keeping of security documentations (such as blank securities certificates, dividend/refund cheques or securities seals, etc) :

(d) Computer / Server Room :

(e) System Information/Data Access :

(f) Others :

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(N) Professional Indemnity / Forged Transfer Insurance *

Please provide information on the level of professional indemnity and forged transfer insurance coverage of the Applicant for share registration business.

(a) Professional Indemnity : Yes / No

If yes, please advise the insured coverage as follow :-

- (i) Total coverage :
- (ii) Coverage per claim :
- (iii) Coverage period :
- (iv) Name of insurance company :

(b) Forged Transfer Insurance : Yes / No

If yes, please advise the insured coverage as follow :-

- (i) Total coverage :
- (ii) Coverage per claim :
- (iii) Coverage period :
- (iv) Name of insurance company :

(O) Disaster Recovery Plan / Business Contingency Plan

Please briefly describe your contingency plan and provide details of alternative site of operation and counter [e.g. location and capacity (full service or degraded/limited service), etc].

(P) Audit Function

(I) Please confirm whether any audit function on the adequacy and effectiveness of the Applicant's management, operations and internal controls is in place Yes / No

(II) If yes, please advise the following :

(a) Name of Internal Auditor : _____

(b) Name of External Auditor : _____

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(Q) Business Development

(I) Do you expect to provide service to new clients for IPO on The Stock Exchange of Hong Kong Limited ? Yes / No

(II) If your answer to (I) is "Yes", please advise your IPO processing capacity (including white/yellow/pink/blue application forms, white form eIPO and HKSCC EIPO applications)

(a) Number of applications to be committed to new clients : _____

(b) Maximum processing capacity:

(i) physical applications : (i) _____

(ii) electronical applications : (ii) _____

(III) Do you expect to outsource part of the operations / functions to third parties ? : Yes / No

If yes, please provide details below.

(R) Applicant's Signature :

Signature

Capacity

Date

(S) Proposers' Signatures :

(1) Name of Member Company:

Signature

Capacity

Date

(2) Name of Member Company:

Signature

Capacity

Date