

**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 54, Hopewell Centre
183 Queen's Road East
Hong Kong

(A)	Name of Applicant	
		<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>
(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 : <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>
(F)	Names of Directors	 <i>[Note: Please provide latest annual return and/or Form D2]</i>
(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