Date :			
То :	Gransing Securities Co., Limited Unit 4103, 41/F, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong.		
Fax :	2544 8439		
Attn :	Settlement Department		
Dear Sirs / Ma	adam,  : Corporate Representative / Proxy Request Form		
Name of Stoc Date of Meet Meeting Type	ing:		)
Corp Rep / Pr	roxy Details :		
Full Name (Su	ırname First) : Mr / Ms		
Corresponder	nce Address :		
Represented	Holding of Corp Rep/Proxy		
		S.V.	
Client's Signa	ture		
A/C No. Client Name	:		