

#REG6

PRIVATE TRANSFER FORM

a) Full Name of Transferee(s) List ALL Joint Transferees. (Complete sections <u>b</u>) through <u>o</u>) in respect of a sole transferee, or if joint, the first named transferee. Additional transferees must complete supplemental forms in Appendix A)	1. 2. 3. 4.
b) Country of Birth/Incorporation	
c) Country(ies) of Citizenship (In case of multiple citizenship, please list all that apply)	
d) Address	
e) Date of Birth/Incorporation	
f) Identification (ID) No (If a natural person, passport # or SS/NIS #; if a legal person, corporate ID #)	
g) Contact Details Telephone Number(s) Fax Number Email address
h) Dividend/Interest Payment Option Please provide Bank Account details including country where bank located; and intermediary bank, if applicable	Account # Account Name: Bank Name: Bank Address:
i) Type of Registry Account (Please tick appropriate box)	Single <input type="checkbox"/> Joint <input type="checkbox"/> (If Joint, each additional holder must complete section on Appendix A)
j) Registry Account Number (If account already held at ECCSD)	
k) Signature of Transferee	
l) Date	
m) Name of Witness	
n) Address of Witness	
o) Occupation of Witness (Please tick appropriate box)	(a) Licensed Principal <input type="checkbox"/> (b) Employee of ECCSD <input type="checkbox"/> (c) Notary Public <input type="checkbox"/>

<p>p) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)</p>	<p>.....</p>
<p>q) Full Name of Transferor(s) List ALL Joint Transferors.</p> <p>(Complete sections <u>u</u>) through <u>y</u>) in respect of a sole transferor or the Primary Person, or if none designated, the first-named, for joint transferors. Where no Primary Person is designated, additional transferors must complete supplemental forms in Appendix B)</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>r) Trading Symbol(s) of Securities (if applicable)</p>	
<p>s) Number of Securities to be transferred</p>	
<p>t) Transferor(s) Registry Account Number</p>	
<p>u) Type of Registry Account (Please tick appropriate box)</p>	<p>Single <input type="checkbox"/> Joint <input type="checkbox"/></p>
<p>v) Signature of Transferor</p>	
<p>w) Date</p>	
<p>x) Name of Witness</p>	
<p>y) Address of Witness</p>	
<p>z) Occupation of Witness (Please tick appropriate box)</p>	<p>(a) Licensed Principal <input type="checkbox"/></p> <p>(b) Employee of ECCSD <input type="checkbox"/></p> <p>(c) Notary Public <input type="checkbox"/></p>
<p>aa) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm)</p>	<p>.....</p>
<p>ECCSD OFFICIAL USE:</p> <p>Entered By:..... Signature:..... Date:.....</p> <p>Checked By:..... Signature:..... Date:.....</p> <p>Authorised By:..... Signature:..... Date:.....</p>	

The fees payable for Private Sale Transfers are listed below:

<u>Units of Securities</u>	<u>Fee Payable</u>
0 – 10,000 units	\$30.00 per party
10,001 – 100,000 units	\$60.00 per party
Above 100,000 units	\$150.00 per party

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APPENDIX A - JOINT TRANSFEREE SUPPLEMENT

a) Full Name of Transferee										
b) Country of Birth/Incorporation										
c) Country(ies) of Citizenship (In case of multiple citizenship, please list all that apply)										
d) Address										
e) Date of Birth/Incorporation										
f) Identification (ID) No (If a natural person, passport # or SS/NIS #; if a legal person, corporate ID #)										
g) Contact Details Telephone Number(s) Fax Number Email address	<p>.....</p> <p>.....</p> <p>.....</p>									
h) Signature of Transferee										
i) Date										
j) Name of Witness										
k) Address of Witness										
l) Occupation of Witness (Please tick appropriate box)	<table> <tr> <td>(a)</td> <td>Licensed Principal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b)</td> <td>Employee of ECCSD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c)</td> <td>Notary Public</td> <td><input type="checkbox"/></td> </tr> </table>	(a)	Licensed Principal	<input type="checkbox"/>	(b)	Employee of ECCSD	<input type="checkbox"/>	(c)	Notary Public	<input type="checkbox"/>
(a)	Licensed Principal	<input type="checkbox"/>								
(b)	Employee of ECCSD	<input type="checkbox"/>								
(c)	Notary Public	<input type="checkbox"/>								
m) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm)	<p>.....</p>									

NB: A separate Supplement must be completed for EACH additional Transferee and attached to the Private Transfer Form.

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APPENDIX B - JOINT TRANSFEROR SUPPLEMENT

a) Full Name of Transferor										
b) Address										
c) Date of Birth/Incorporation										
d) Identification (ID) No (If a natural person, passport # or SS #; if a legal person, corporate ID #)										
e) Contact Details Telephone Number(s) Fax Number Email address	<p>.....</p> <p>.....</p> <p>.....</p>									
f) Signature of Transferor										
g) Date										
h) Name of Witness										
i) Address of Witness										
j) Occupation of Witness (Please tick appropriate box)	<table> <tr> <td>(a)</td> <td>Licensed Principal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b)</td> <td>Employee of ECCSD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c)</td> <td>Notary Public</td> <td><input type="checkbox"/></td> </tr> </table>	(a)	Licensed Principal	<input type="checkbox"/>	(b)	Employee of ECCSD	<input type="checkbox"/>	(c)	Notary Public	<input type="checkbox"/>
(a)	Licensed Principal	<input type="checkbox"/>								
(b)	Employee of ECCSD	<input type="checkbox"/>								
(c)	Notary Public	<input type="checkbox"/>								
k) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm)	<p>.....</p>									

NB: A separate Supplement must be completed for EACH additional Transferor and attached to the Private Transfer Form