

kDgo lrhk hm

Limf k) ,

Mä g dta g atgl o kltghl h m hfi gr l nkk gm hki hk m hffngb rthg k o t e e hg m hfi gr l p l m m
[p p p shhf dthg hf](#) g m AD Qg pl l p l m m [p p p ad qg pl ad](#) (" Rhn f r ll m nkk gm hki hk m
hffngb rthg r ebdtg Dgo lrhkK e rthgl hg m ahf i h hfi gr l p l m hk khplg mkn a m AD Qg pl l p l m

B r h n p h n e e d r h k t o m i k t g m o k l t g h h m h k i h k m h f f n g b r t h g h m i e l h f i e m m K n l m h k f p a b a f r d h
h p g e h k h f m p l b n l f g r t h g h o h g m k o k l b g l g b m m h f i g r (h h f i n m k l a k A h g D h g D g o l r h k L k o b l
E l f t m m A L a k K t r k k r i h l m l g m a f t e g e e m m h m h f h m K n l m h k f g h l m f i t l g b i h l m t g A h g D h g
M ä k i l l h A L a k K t r k k t O F c h h k A h i p e e g r k l , n g l K h l m P g a b A h g D h g R h n f r e h l g g f t e
p b a l g g h i r h m K n l m h k f r h [shhf dthg hf 9 hfi nmkda k hf ad](#)

I e l g h m m r r h n k t g l r h n r t h g h g m K n l m h k f p t e i i e r m e m h f i g r l n m k h k i h k m h f f n g b r t h g r h l g m r h n g r h n
g h n r m h f i g r (h m A L a k K t r k k r h m h g r k k r h k n g e l l r h n a o g r r h f l m a o a h e t g l t g m h f i g r

L a h n e r h n a o g r n k b l k e r t g m g r h m h o f m k d i e l e e m h f i g r l m e i a h g a h m t g m l . 1 / 1 / 1 1 n k t g n l t g l l
a h n k l k h f 2 3) f m / 3) i f k h f F h g r m k b r q e n t g i n e b a h e b r l

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[p p p shhf dthg hf](#)

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 OF ehk Ahi p ee grk
 l, n glKh lm
 P g a bAhg Dhg

1,

I/We would like to receive the **CURRENT AND ALL FUTURE** Corporate Communication of the Company as indicated below:

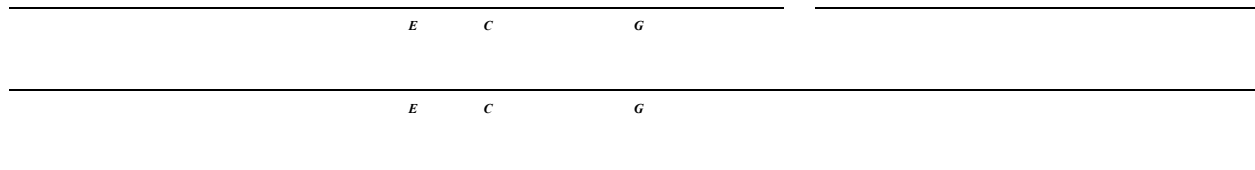
I e l f kd h m hechp bg hq l

rh k b i kdm ghbb rhg e mktg hkf bg ma ma hki hk m hf f ngb rhg a l gin eha hg ma hfi gr lp lbn :
[p.p.shhf.ethg.hf](#) g k ma hki hk m hf f ngb rhg in eha hg ma hfi gr lp lbn ma P lbn klhg tglm h
 k bkg i kdm hi b14
[p.p.shhf.ethg.hf](#)

RP p hne eul rh k b

RP p hne eul rh k b

RP p hne eul rh k b



I e l hf i e m eerhnk mbel e ker

Mh K n lm hkf b rh hf i e m r ma ghg k bmk ahe kh ma ALa kl h ma hf i gr pahl ALa kl k a e kg grke e kg g L m f gnLrImf : LL
 g paha o ghbb m hf i gr mahn a Ahg Dhg L nkbb l e kg hf i gr Ebf bm ma r ptha rh k b ma hki hk m hf f ngb rhg
 H A

Any form with more than one box marked (X), with no box marked (X), with no signature or otherwise incorrectly completed will be void.

Ma ho lgrm rhg p b e i e r m hki hk m hf f ngb rhg rh l gmh rhn ngre ln a rh r hna o ghbb m hf i gr
 (h A La k K bmk kh m hgkr kr hknge ll rhna o nhg rhf l rhna o ahe bg l bg m hf i gr
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hk m ohb g h hn mm hf i gr hghm im gr li be tgrm rhgl bo ghg mb K n lm hkf

22092023 1 0

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