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SECRET

Co. No. MM YY

(For Official use Only)

under the Banking Ordinance

CERTIFICATE OF COMPLIANCE WITH THE BANKING ORDINANCE
OF AN AUTHORIZED INSTITUTION INCORPORATED OUTSIDE HONG KONG

for the quarter ended
(last day of the quarter)

Name of Authorized Institution	Date of Submission
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The Banking Ordinance

Information requested in this return is required under section 63(2) of the Banking Ordinance. The return should be submitted to the Monetary Authority not later than 14 days after the end of each quarter ending on 31 March, 30 June, 30 September and 31 December, unless otherwise advised by the Monetary Authority.

Note: This certificate is to be prepared in accordance with the completion instructions issued by the Monetary Authority.

- We certify that this certificate is, to the best of our knowledge and belief, correct.
- Please put **an** "X" in the "Yes" column if the institution has contravened the following respective sections of the Banking Ordinance during the reporting period. If not, please put **an** "X" in the "No" column.

Yes No
(Please put **an** X")

- | | | |
|--|-------|-------|
| (a) No advance, etc., against security of own shares, etc., within the meaning of section 80, other than those exempted under section 80(2), was granted by the institution. | _____ | _____ |
| (b) Outstanding unsecured facilities to employees, within the meaning of section 85, did not exceed the limit specified in that section. | _____ | _____ |
| (c) Liquidity requirement prescribed in the Rules made under section 97H(1) that is applicable to the institution. | _____ | _____ |
| (d) Rules made under section 60A(1) | _____ | _____ |

If the answer to (d) is "yes", please specify the relevant section(s) of the Rules that were contravened

If the institution is exempted by the Monetary Authority for disclosures required under the Rules, please tick this box ☐.

Chief Accountant

Chief Executive

Name

Name

Name and telephone number of responsible person who may be contacted by the Monetary Authority in case of any query.

Name

Telephone Number