

To: Shenyin Wanguo Securities (H.K) Ltd Shenyin Wanguo Futures (H.K) Ltd Other _____

FUND WITHDRAWAL INSTRUCTION

Fund Withdrawal Fax No.:(852) 3525 8455

Please debit my / our account with your Company and make payment with details as follows

Account Name (Number) ABC (0123456-00-1-01-1)

Account Executive Name (Code) _____ (_____) Withdrawal Value Date **31-May-2008**

Withdrawal Amount: Withdrawal Balance (HKD)
 Maximum Withdrawal Balance (HKD)
 Other Withdrawal Amount: _____ (Payment Currency : _____)

Payment Method : By Cheque By Telegraphic Transfer

Withdrawal Details :

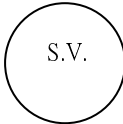
Please choose one from the below :

Transfer to my account with Shenyin Wanguo Securities (H.K) Ltd
 Transfer to my account with Shenyin Wanguo Futures (H.K) Ltd
 Deposit to the Designated Bank Account registered with your Company
 Other Receiving Bank :

Bank Name : _____
 Bank Account Number: _____
 Bank Account Name : _____
 Bank Address / Information: _____
 For T/T (If applicable) _____

Please complete those parts if the customer wants to transfer the balance (which already deducted the amount of underdue transactions) to registered settlement bank account by Cheque.

I/We confirm that, where applicable, unless the third party is a holder of the Account, the third party is not an officer or employee of Shenyin Wanguo (H.K.) Ltd or its subsidiaries. In addition, in consideration of the Company agreeing to accept my/our instructions to issue cheque(s) or make payment, I/we hereby confirm, agree and undertake to indemnify and keep the Company indemnified against all claims, losses and expenses which shall arise either directly or indirectly out of or in connection with the Company accepting my/our instructions and acting thereon. I/We hereby confirm and agree that the Company does not need to obtain any receipt from any party and the Company is exonerated from all liability for not doing so.

Signature 

Signature of Customer or Authorised Person (with company chop where appropriate)

For official use only

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|
| Actual Withdrawal Amt | | Authorized by | |
| Input by | | Cheque # | |
| Responsible AE confirms that he/she had recorded the Customer' s telephone instruction (Date : _____ Time: _____) (applicable for payment to the Customer' s Designated Bank Account and where the Customer had not signed on this form) | | OD Request (When Account turns into Debit Balance after the above Withdrawal, AE must sign on the following request) | |
| SIGNED BY AE (Date : _____) | | Requested by AE: _____ Credit Approval: _____ | |
| Remarks | | | |