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Employee Online Cash Exercise Form

Date (DD/MM/YY): / /

Section A: Personal Details Please fill in ALL fields in English block letters

Title: First Name: Surname:

Mailing Address (Street Address or Post Office Box):

City/Suburb/Town State Zip Code/Post Code Email

Country of Residence

Participant ID

Section B: Exercise Details To correctly identify which award you are exercising, please fill in all of the following:

Plan Name	Grant Date DD / MM / YY	Grant Price	Exercise Quantity
<input type="text"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	\$ <input type="text"/>	<input type="text"/>

Note:
 The exercise of Share Options and purchase of the Company's Shares involve risks. You are advised to consider your own financial circumstances before exercising your Share Options. If you are in any doubt, please consult your own financial, legal and tax advisors to obtain professional advice. The Company is not responsible for rendering such professional advice to you and is not liable for any personal financial loss suffered should you fail to realize the money invested in the Shares or any personal income tax payable by you in connection therewith.

Section C: Share Delivery Please specify where you want your shares to be delivered

Broker's Name (Name of Financial Institution): Account Holder Name

Brokerage Account Number Broker Contact Phone Number DTC (For US brokers)

Section D: Payment Information

You must pay the applicable exercise cost in order to complete the exercise and receive your shares. Once we have calculated the correct exercise costs, we will inform you of the total amount you need to pay and the payment instructions.