SCHEDULE 2 Change of Deductions



Employer

Date

Arcadis Asia Regional Headquarters Ltd 38/F., AIA Kowloon Tower Landmark East, 100 How Ming Street Kwun Tong , Kowloon Hong Kong

Employer

EC Harris Hong Kong Ltd Level 27, Millennium City 6 392 Kwun Tong Road Kwun Tong, Kowloon Hong Kong

Employer

Hyder Consulting Ltd Suite 1901 & 20/F AXA Tower Landmark East, 100 How Ming Street Kwun Tong , Kowloon Hong Kong

Employer

Langdon & Seah Hong Kong Ltd 38/F., AlA Kowloon Tower Landmark East, 100 How Ming Street Kwun Tong , Kowloon Hong Kong

Re: "Global Share Plan" ("Plan") – Change my Deductions

Dear Sir/Madam,

I refer to my Participation Agreement dated ,

and more in particular to articles 3.1 of that Participation Agreement and Article 5.5 of the Plan concerning the adjustment of the amount of my Deductions. Capitalized terms used but not defined herein shall have the meaning assigned to them in the Participation Agreement and the Plan.

I would like to change, and will change, the amount of my Deductions effective as per

1 July	1 January	 to an amount of HKD	pe	er month.
			(minimum HKD 210 and maximum HK	(D 3,400)

I understand that the change of the amount of my Deductions will only become effective on 1 July or on 1 January in case my Employer has received the changed amount of my Deductions on its bank account, as indicated on the 'Participant Detail Sheet', and has received this written notice before 1 July or 1 January of the calendar year in which the change of the amount of my Deductions should become effective. If the changed amount of my Deductions has not been received by my Employer on its bank account and this written notice is not received before 1 July, the change shall become effective as per 1 January of the following calendar year. If the changed amount of my Deductions has not been received by my Employer on its bank account and this written notice is not received before 1 January, the change shall become effective as per 1 July of the following calendar year.

I understand and acknowledge that the adjustment of my Deductions in accordance with the terms of this Schedule 2 will not change the remaining terms and conditions of my participation in the Plan as set forth in the aforementioned Participation Agreement.

Yours sincerely,

Name of Participant	Signature
Address of Participant	Personnel ID Number ('SAP')
	Bank account number



THE COMPLETED AND SIGNED FORM CAN BE SENT TO YOUR **HR DEPARTMENT** OR YOUR **RP ADMIN**.