

DCASS User Account Maintenance Form

To: Clearing Operations - Cash & Derivatives Clearing From: _____
 30/F, One Exchange Square,
 8 Connaught Place, Central,
 Hong Kong
 (Full Name of Participant)

Tel: 2211 6932
 Fax: 2868 0134
 Email: clearingpsd@hkex.com.hk

DCASS Customer Code: |C|_|_|_|_|

Contact Person: _____

Tel: _____

1. DCASS OAPI User	
<p>1.1 <input type="checkbox"/> New Installation <input type="checkbox"/> Relocation <input type="checkbox"/> Re-installation <input type="checkbox"/> Termination</p> <p style="margin-left: 20px;"><i>Please tick "✓" in appropriate box</i></p>	
DCASS OAPI User ID :	_____ (e.g. BO_CABC901)
Name of DCASS OAPI Program:	_____
Version of DCASS OAPI Program:	_____
Existing site: <i>(applicable for Relocation)</i>	_____ (e.g. site 01)
New site: <i>(applicable for New Installation and Relocation)</i>	_____ (e.g. Site 02)
Connection via :	<p><i>Please tick "✓" in appropriate box</i></p> <p><input type="checkbox"/> Own SDNet Line</p> <p><input type="checkbox"/> HKEX Hosting</p> <p><input type="checkbox"/> Application Service Provider</p> <p><input type="checkbox"/> Other, please specify _____</p>
Preferred Effective Date: <i>(at least 3 business days are required for processing)</i>	_____ (dd/mm/yyyy)
1.2 Reset password	
Please reset password for existing DCASS OAPI User ID : _____ (e.g. BO_CABC901)	

2. DCASS Online User

Please tick "✓" in appropriate box below

Creation

(ONLY applicable for newly admitted Clearing Participant. By default, 2 DCASS Online Users will be set up for each Clearing Participant)

Termination

Details of DCASS Online User ID : _____ (e.g. BU_CABC101)

Preferred Effective Date: _____ (dd/mm/yyyy)
(at least 3 business days are required for processing)

3. DCASS Administration User

Please reset password for existing DCASS Administration User : _____
(e.g. BU_CABC201)

Authorised Signature(s)
(with company chop, ONLY applicable if it forms part of your signing instruction)

Date

(Name of Signatories: _____)