

Depository Account Maintenance Notice

(Physically Settled Metal Futures Contract) for Clearing Participants to be registered as Physical Delivery Participant defined under Clearing House Procedures

To: Clearing Participant Admin. & Services
Cash & Derivatives Clearing Operations
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong

From: _____

(Full Name of Participant)

Fax: 2590 7000
Email: CDCO_CAS@hkex.com.hk

DCASS Customer Code:

Contact Person: _____

Tel: _____ Fax: _____

Note: This form has to be submitted by **HKCC Participant** to HKCC at least 5 business days before the last trading day of the relevant spot month Physically Settled Metal Futures Contract for the final settlement purpose.

HKCC Participant's Name: _____

HKCC Participant's DCASS Customer Code:

Delivery Agent's Name (where applicable): _____

Delivery Agent's DCASS Customer Code:

Contact Person for this Form:

Name :	Tel No.:
Email :	Fax No.:

We confirm that we have / our Delivery Agent has (delete as appropriate) maintained depository account(s) with the following Approved Depository. **Information submitted in this Notice supersedes all previous Notice submitted to HKCC before the Date below.**

Approved Depository Name: _____
Depository Account Code: _____
Depository Account Name: _____

For General Clearing Participant only (delete below section as appropriate)

We also confirm we offer physical delivery capability to following Non-Clearing Participants ("NCP"):
(Please list out full name(s) of relevant HKFE Participants where applicable)

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

Name of Signatory (ies)

Date

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Countersigned by Approved Depository

Note: The following section should be completed by your Approved Depository before submitting to HKCC for processing.

From: _____ (Name of Approved Depository)

We confirm that the above-named depository account(s) is/are valid and belongs to the above-named HKCC Participant (Depository Account Name: _____).

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

Name of Signatory (ies)

Date

For Office Use Only

Date Received:	Processed by:	Signature(s) Verified by:	Reviewed by:	Log Updated by: Log Checked by:	Effective Date:
	Date:	Date:	Date:	Date:	