

THE SEHK OPTIONS CLEARING HOUSE LIMITED

Cash & Derivatives Clearing Operations
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Maintenance of OBEP Individual Client Account Form

Particulars of Carrying SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
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Contact Person for This Form :

Name :	Tel. No. :
Position :	Fax No. :

Please tick the following as appropriate :

- ☐ Opening of OBEP Individual Client Account*
- ☐ Termination of Existing OBEP Individual Client Account

OBEP Particular

Name of OBEP : _____

Exchange Participant Firm ID of OBEP : _____

OBEP Individual Client DCASS Account
Code (*for termination only*) : _____

Business Address of OBEP : _____

Date of Clearing Agreement with OBEP : _____

Date of Registration as OBEP of Exchange : _____

Name of OBEP Contact Person: Tel: _____ Fax: _____

*We declare that we accept all the general terms and conditions for the keeping of individual client account for the OBEP named above as prescribed by the SEOCH Board from time to time.

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

Date

Name of Signatory(ies) : _____

FOR SEOCH USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED BY/DATE