## THE SEHK OPTIONS CLEARING HOUSE LIMITED

Cash & Derivatives Clearing Operations

30/F, One Exchange Square, Fax: 2868 0134 8 Connaught Place, Central, Hong Kong Hotline: 2211 6932

## EXTERNAL POSITION TRANSFER REQUEST FORM

Particulars of SEOCH Participant								
SEOCH Participant's Name : DCASS		Customer Code : Broker Fi		rm ID :				
D.4.:	l e D	4						
Detai	ls of Position to be	transferred						
	Old Account	New Account	Series	Long Transfer	Short Transfer	O/C/N/D		
1.								
2.								
3.								
Justif	ication:							
Conf	irmation from Part	icipants involved						
		•	I					
	Involved		Authorised Signature		Contact Person for the transfer			
Transferor Participant					Name :			
SEOCH Participant's Name :					Name.			
			(with a constant of ONLY if it forms and of					
			(with company chop, ONLY if it forms part of your signing instruction)					
DCASS Customer Code:			Name of Signatory(ies):		Phone No.:			
Broker Firm ID :								
Trans	sferee Participant							
SEOCH Participant's Name :					Name :			
			(with company short ONLY:	f it forms mart of				
		(with company chop, ONLY if it forms part of your signing instruction)						
DCASS Customer Code:			Name of Signatory(ies):		Phone No.:			
D. 1	. E							
Broke	r Firm ID :							

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