

Change of CCMS / DCASS Contact Persons Form

Please allow three business days for SECH / HKCC to process your change request

To: Clearing Participant Admin. & Services
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong
Email: CDCO_CAS@hkex.com.hk
Fax: 2590 7000

From: _____
(Full Name of Participant)

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

Contact Person: _____

Tel: _____ E-mail: _____

Please tick "✓" in the appropriate box

Effective Date: _____

The SEHK Options Clearing House Limited

HKFE Clearing Corporation Limited

<u>Details of Contact Person</u>	<u>Margin Call / Money Settlement</u>	<u>DCASS Operations</u>
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- | | | |
|--|---------------------------------|--|
| <p>1. Name : Mr/Ms _____
Title : _____
Telephone No. : Office: _____
Mobile: _____</p> | <p><input type="checkbox"/></p> | <p><input type="checkbox"/> Day / <input type="checkbox"/> Night /
<input type="checkbox"/> Both</p> <p>E-mail: _____</p> |
| <p>2. Name : Mr/Ms _____
Title : _____
Telephone No. : Office: _____
Mobile: _____</p> | <p><input type="checkbox"/></p> | <p><input type="checkbox"/> Day / <input type="checkbox"/> Night /
<input type="checkbox"/> Both</p> <p>E-mail: _____</p> |
| <p>3. Name : Mr/Ms _____
Title : _____
Telephone No. : Office: _____
Mobile: _____</p> | <p><input type="checkbox"/></p> | <p><input type="checkbox"/> Day / <input type="checkbox"/> Night /
<input type="checkbox"/> Both</p> <p>E-mail : _____</p> |
| <p>4. Name : Mr/Ms _____
Title : _____
Telephone No. : Office: _____
Mobile: _____</p> | <p><input type="checkbox"/></p> | <p><input type="checkbox"/> Day / <input type="checkbox"/> Night /
<input type="checkbox"/> Both</p> <p>E-mail : _____</p> |

Details of IT Contact

- | | | |
|--|--|-----------------------|
| <p>1. Name : Mr/Ms _____
Telephone No. : _____
Office _____ Mobile _____</p> | <p><input type="checkbox"/> Day / <input type="checkbox"/> Night / <input type="checkbox"/> Both</p> | <p>E-mail : _____</p> |
| <p>2. Name : Mr/Ms _____
Telephone No. : _____
Office _____ Mobile _____</p> | <p><input type="checkbox"/> Day / <input type="checkbox"/> Night / <input type="checkbox"/> Both</p> | <p>E-mail : _____</p> |

Authorized Signature(s) _____ Name of Signatory(ies) _____ Date _____
(with company chop, ONLY applicable if it forms part of your signing instruction)

For Office Use Only

Date Received:	Processed by:	Signature(s) Verified by:	Reviewed by:	Form Scanned by:	Form Verified by:	Effective Date:
	Date:	Date:	Date:	Date:		