HKEX
香港交易所

Selected Currency Designation Form

Please allow AT LEAST ONE business day for HKCC / SEOCH (the Clearing House) to process your request

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

From: _____

_____
(Full Name of Participant)

Tel: 2979 7222
Fax: 2868 0134
Email: clearingcm@hkex.com.hk

CCMS Participant Code: |__|__|__|__|__|__|__|

Contact Person: _____

Tel: _____   Fax: _____

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Please tick "✓" in appropriate box

☐ **HKFE Clearing Corporation Limited**   ☐ **The SEHK Options Clearing House Limited**

Selected Currency

For the purpose of designating the Selected Currency for the payment of margin shortfall to the Clearing House, we hereby request and authorize the Clearing House to set the Selected Currency for our CCMS collateral account(s) as follows:

☐ Add   ☐ Change   ☐ Delete

Account Type	Account Number	Settlement Currency	Selected Currency
		☐HKD ☐CNY ☐USD ☐Others: _____	☐HKD ☐CNY ☐USD ☐Others: _____
		☐HKD ☐CNY ☐USD ☐Others: _____	☐HKD ☐CNY ☐USD ☐Others: _____
		☐HKD ☐CNY ☐USD ☐Others: _____	☐HKD ☐CNY ☐USD ☐Others: _____

We hereby confirm and acknowledge as follows:

(i)   this Designation Form supersedes any previous Designation Form(s) given by us to the Clearing House and is subject to the approval from the Clearing House;

(ii)   Any intra-day and day-end payment of margin shortfall will be settled in the designated Selected Currency after fulfilling the minimum level of cash in the Settlement Currency as prescribed by the Clearing House from time to time;

(iii)   The margin shortfall amount in Settlement Currency will be converted into the amount in the Selected Currency at the applicable exchange rate and haircut rate as determined by the Clearing House from time to time;

(iv)   The Clearing House shall not in any way be liable to us for any delay, interruption or inability to effect such request as above; and

(v)   The request and authority given hereunder will continue in full force and effect unless and until the Clearing House has received from us at least one Business Day's notice that this Designation Form shall be terminated.

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

For Office Use Only			
VERIFIED BY / DATE	CHECKED BY / DATE	APPROVED BY / DATE	REJECTED BY / DATE

Updated March 2017