

HONG KONG SECURITIES CLEARING COMPANY LIMITED

REQUEST FOR BACK-UP FACILITIES FORM

To: Customer Service Centre
1/F, One & Two Exchange Square, 8 Connaught Place, Central, Hong Kong

Date: _____

Participant ID : _____

Participant Name : _____

Reason For Use _____

Date of Use	Name of Authorized User	I.D. Card #	Time In	Time Out	Terminal # Used
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For and on behalf of

Authorised Signature (with Company Chop)

For Office Use only

Signature Verified by

Virus Scanned by :

Approved by