



香港交易所

OTC Clearing Hong Kong Limited (“OTC Clear”)

Information of Client’s Replacement Clearing Member and Settlement Instruction

To: OTC Clear Clearing Operations
21/F, One Exchange Square
8 Connaught Place
Central, Hong Kong

From: _____

(Full name of Client)

Tel: 2211 6508
Fax: 2427 1122

Part I: Company Particulars

Name of client: _____
Country of Incorporation: _____
Registered office address: _____

Contact Person for Clearing: _____
Position: _____
Telephone number: _____
Email address: _____

Part II: Information of clearing broker appointed

Full Name of clearing broker: _____

Part III: Appointment of Replacement Clearing Member

- Please tick “✓” in the appropriate box

Have you appointed a Replacement Clearing Member for default management purpose?

- Yes → (Please fill in the details as shown in **Part IV, V and VI**)
- No → (Please fill in the details as shown in **Part V and VI**)

Part IV: Details of Replacement Clearing Member

Name of Replacement Clearing Member: _____
Appointment date of Replacement Clearing Member: _____
Expiry date of appointment (if applicable): _____

Information of Client's Replacement Clearing Member and Settlement Instruction

Part V: Client Standard Settlement instruction ("SSI")

- Please tick "✓" in the appropriate box and provide the SSI information for the relevant currencies / non-cash instrument.

Settlement Currency	SSI
<input type="checkbox"/> HKD	
<input type="checkbox"/> USD	
<input type="checkbox"/> EUR	
<input type="checkbox"/> CNH	
<input type="checkbox"/> Non-cash Collateral	

Part VI: Acknowledgment

- Please tick "✓" in the box to confirm your acknowledgment of the disclaimer from OTC Clear

Disclaimer:

- The Client is required to update OTC Clear timely and continuously on any changes of the details shown in this form.
- OTC Clear will in best endeavour handle the default management process of client portfolio under the information given but should not be liable on any claims due to errors arising from the receipt of incomplete, inaccurate or untimely information from the Client

- This is to confirm we, **(the Client)**

acknowledge the information of the disclaimer.

Information of Client's Replacement Clearing Member and Settlement Instruction

Authorized Signature(s) and Company Chop

Date

(Name of Signatories: _____)

For Office Use Only				
Received Date:	Verified by:	Approved by:	Checked by:	Effective Date:
	Date:	Date:	Date:	
For Office Use Only				