



OTC Clearing Hong Kong Limited ("OTC Clear")

Request Form for New Non-cash Collateral Instrument Set-up

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

From: _____

 (Full name of Clearing Member)

Tel: 2211 6508
 Fax: 2427 1122

OCASS Clearing Member ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Contact Person: _____
 Tel: _____
 Fax: _____

We wish to set up the following non-cash collateral instrument specified as below.

Request No.	International Securities Identification Number ("ISIN code")	Expected Value Date for Deposit	**For Office Use Only** Request accepted / rejected?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

_____ Date
 Authorized Signature(s) and Company Chop
 (Name of Signatories: _____)

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