# HKEX 香港交易所

**OTC Clearing Hong Kong Limited ("OTC Clear")**

## Transferor Clearing Member Reply Form (Full Portfolio Porting)

| | | Date: | _____ |
|---|---|---|---|
| To: | OTC Clear Clearing Operations | From: | _____ |
| | 21/F, One Exchange Square | | _____ |
| | 8 Connaught Place | | (Full name of Clearing Member) |
| | Central, Hong Kong | | |

| | | | |
|---|---|---|---|
| Tel: 2211 6508 | OCASS Clearing Member ID: | |__|__|__|__|__|__|__|__|__|__|__|__||__| |
| Fax: 2427 1122 | Contact Person: | _____ |
| | Tel: | _____ |
| | Fax: | _____ |

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*Terms used in this form are as defined in OTC Clear Rates and FX Derivatives Clearing Rule unless defined herein*

We, ……………………………….. (Transferor Clearing Member) have received a notification from OTC Clear in relation to a request from ……………………………………… (Client) for a Full Portfolio Porting. We are writing to inform you that:

*Please check the box where applicable*

☐　　　　　We object to such request for Full Portfolio Porting because

_____

_____

_____

☐　　　　　We do not object to such request for Full Portfolio Porting

☐　　　　　We do not object to such request for Full Portfolio Porting and please find the details of all Collateral which is registered on behalf of such Client in our Client Collateral Account as follows (**Please append a list of additional Collateral to this form, if required):

**Cash Collateral**

| Currency | Amount |
|---|---|
|  |  |
|  |  |
|  |  |

**Non-Cash Collateral**

| Type of Non-Cash Collateral | ISIN Code | Quantity |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

Signatories for and on behalf of the Transferor Clearing Member:

We acknowledge and confirm the above and are authorized to sign for and on behalf of the Transferor Clearing Member.

_____          _____

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 | | | | |