

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

## **Transferee Clearing Member Reply Form (Partial Portfolio Porting)**

To: OTC Clear Clearing Operations 21/F, One Exchange Square 8 Connaught Place Central, Hong Kong  Tel: 2211 6508 OCASS Clearing Member ID: Fax: 2427 1122 Contact Person: Tel: Fax:  Terms used in this form are as defined in OTC Clear Rates and FX Derivatives Clearing Rule unless defined herein  In respect of the request for a Partial Portfolio Porting relating to (Client) dated			Date:		
8 Connaught Place Central, Hong Kong  Tel: 2211 6508 Fax: 2427 1122 Contact Person:  Tel:  Fax:    Fax:   Fax:   Fax:					
Central, Hong Kong  Tel: 2211 6508 OCASS Clearing Member ID:					
Tel: 2211 6508 OCASS Clearing Member ID:		· ·		(Full name of Clearing	g Member)
Fax: 2427 1122  Contact Person:  Tel: Fax:  Terms used in this form are as defined in OTC Clear Rates and FX Derivatives Clearing Rule unless defined herein  In respect of the request for a Partial Portfolio Porting relating to  (Client) dated	Centr	ral, Hong Kong			
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Client) dated, please find our decision as follows:    Please check the box where applicable   We do not want to proceed with such Partial Portfolio Porting.	<u>1</u>	Terms used in this form are as defined in	n OTC Clear Rates and FX Derivatives Clea	aring Rule unless defined herein	
Client) dated, please find our decision as follows:    Please check the box where applicable   We do not want to proceed with such Partial Portfolio Porting.					
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Signatories for and on behalf of the Transferee Clearing Member:  We acknowledge and confirm the above and are authorized to sign for and on behalf of the Transferee Clearing Member.  Authorized Signature(s) and Company Chop  (Name of Signatories:  )  For Office Use Only  Received Date: Verified by: Approved by: Checked by: Effective Date:					
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