

OTC Clearing Hong Kong Limited ("OTC Clear")

Transferor Clearing Member Reply Form (Partial Portfolio Porting)

		Date:	
To:	OTC Clear Clearing Operations		
	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:	
•••••			
	Terms used in this form are as defined	l in OTC Clear Rates and FX Derivatives Clear	ring Rule unless defined herein
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۱۸/۵	(Tr	aneforor Claaring Mambar) baye	e received a notification from OTC
		-	
Clea	er in relation to a request from	(0	Client) for a Partial Portfolio Porting.
We	are writing to inform you that:		
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Please	check the box where applicable		
	,,		
	We object to such request	for Partial Portfolio Porting becau	use
	,	3 · · · · · · · · · · · · · · · · · · ·	
	We do not object to such re	equest for Partial Portfolio Porting	9



	Signatories 1	for and on	behalf of the	Transferor	Clearing	Member:
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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						