

OTC Clearing Hong Kong Limited ("OTC Clear")

Request for Full Portfolio Porting Form

			D	ate:					
To:	OTC Clear Clearing Operations								
	21/F, One Exchange Square								
	8 Connaught Place				(Full	l name o	of Clearing	Member)	
	Central, Hong Kong								
	Tel: 2211 6508	OCASS Clearin	ng Member	ID:			_	_ _ _	
	Fax: 2427 1122	(Contact Pers	son:					
			F	Fax:					
•••••		•••••	••••••	•••••	• • • • • • • •	••••••	•••••	•••••	•••
	Terms used in this form are as defined i	in OTC Clear Rates and	FX Derivative	s Clearing	Rule u	nless defii	ned herein		
We		(Transfere	e Clearing	g Mem	ber)	have	received	a reques	st
from		(0	Client)	for	a	Full	Portfolio	Portin	ıg
from		(T	ransferor	Clearin	ng Me	ember)	to us. V	Ve hereb	у
requ	est the porting of all Contracts which	ch are registered	on behalf	of such	n Clier	nt in the	Transfer	or Clearin	ıg
Mem	ber's Client Position Account to ou	ur Client Position	Account re	elating	to suc	ch Clier	nt in accore	dance wit	th
the re	elevant provisions in the Clearing F	Rules and Clearir	ng Procedu	ures.					
	check the relevant box as below to ered on behalf of such Client in the ient.								
	The Client wishes to transferor Clearing Membe Client Collateral Account relationship	er's Client Collate	eral Accou						
	The Client does NOT wish to in the Transferor Clearing Member's Client Collateral A	Member's Clier	nt Collater	al Acc					



Part I: 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

Date

(Name of Signatories:

Part II: Signatories for and on behalf of the Client:

To: Transferee Clearing Member

We acknowledge and confirm:

- (i) the request to transfer as detailed herein;
- (ii) that OTC Clear will contact our Transferor Clearing Member in relation to this porting and will disclose our identity to such Transferor Clearing Member.
- (iii) that, in accordance with the Clearing Rules, OTC Clear is entitled to rely conclusively on the instructions and information received from the Transferor Clearing Member and the Transferee Clearing Member and shall have no liability or responsibility therefor.
- (iv) that the porting detailed above may require that additional collateral be transferred to OTC Clear, and that OTC Clear is not required to effect the porting if it has not received adequate collateral in respect of the porting or if any of the other conditions set forth in Clearing Rules applicable to porting are unsatisfied.
- (v) that we are authorized to make these acknowledgments and confirmations and do so on behalf of the Client listed above.



For and on behalf of the Client:

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										