HKEX
香港交易所

DCASS Online / DCASS OAPI Connectivity Test Confirmation Form

To: HKCC / SEOCH   From: _____

Tel: 2211 6932   _____
Fax: 2868 0134   (Full Name of Participant)
Email: clearingpsd@hkex.com.hk   DCASS Customer Code: |**C**|__|__|__|

Contact Person: _____   Tel: _____

....

Please tick "✓" in appropriate box

☐   DCASS Online User   ☐   DCASS OAPI User
    (please fill in items 1 & 5 below)   *(please fill in ALL items below)*

1. DCASS User ID :   _____

                                         (e.g.   BU_CABC101 for DCASS Online User;

                                         BO_CAB901 for DCASS OAPI User)

2. Name of DCASS OAPI Program :   _____

3. Version of DCASS OAPI Program :   _____

4. Computer Name of DCASS OAPI User: _____ (e.g. xxxWxx)

5. Connectivity Test Date :   _____ dd/mm/yyyy

The undersigned hereby confirms that the captioned connectivity test has been completed successfully.

(S.V.)

_____   _____
Authorized Signature(s)   Date
(with company chop, ONLY applicable if it forms
part of your signing instruction)

(Name of Signatories: _____)

Updated August 2021