
Application Form
Appointment of Settlement Agent / Access to CCASS from a Foreign Jurisdiction

TO: Clearing Participant Admin. & Services
Clearing Operations
Hong Kong Securities Clearing Company Limited
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong

1. Participant's Particulars

Participant ID: _____ Participant Name: _____

Address:

Contact Person: _____ Title: _____

Tel No: _____ Fax No: _____ Email : _____

2. Settlement Agent's Particulars (where applicable)

Name of the Settlement Agent: _____

Is the Settlement Agent an existing HKSCC Participant? _____

Does the Settlement Agent hold any other participation with HKEX subsidiaries?

If any of the above is Yes, please give details of the Participant ID:

Location of the Settlement Agent¹: Hong Kong Foreign Country

Address of Settlement Agent:

Relationship between the Participant and Settlement Agent: _____

Affiliates Others, please specify: _____

¹ Please note if the Settlement Agent is located in a foreign jurisdiction, applicant needs to produce legal opinion in favor of HKSCC as required by General Rules of CCASS 3904

**Appointment of Settlement Agent/Access to CCASS from a Foreign Jurisdiction
(continued)**

Is the Settlement Agent a Licensed Corporation² or Registered Institution³?

Contact Person: _____ Title: _____

Tel No: _____ Fax No: _____ Email : _____

3. Particulars of Foreign Location where CCASS will be accessed from (where applicable)

Address of the foreign location:

Is it the Participant or Settlement Agent's office premise? :

Yes No, please specify: _____

Details of the foreign office:

Contact Person: _____ Title: _____

Tel No: _____ Fax No: _____ Email : _____

For and on behalf of
the Participant:

For and on behalf of
the Settlement Agent:

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

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

Name of Signatory(ies): _____

Name of Signatory(ies): _____

Date: _____

Date: _____

For Office Use Only

Signature Verified by:

Date:

Checked by:

Date:

Approved by:

Date:

² Means a corporation licensed under section 116 of the SFO.

³ Means an authorized financial institution which is registered under section 119 of the SFO.