## To: HKFE CLEARING CORPORATION LIMITED ("HKCC")

Collateral Management Fax no.: +852 2868 0134 Email: ClearingCM@hkex.com.hk

## REQUEST ON CHANGE OF ADVANCE MARGIN DEPOSIT Note 1 FORM Note 2

## 1. Particulars of the Participant

Participant Name :	DCASS Customer Code :	
Contact Person Name (Primary) :	Tel. No. :	
Contact Person Name (Secondary) :	Tel. No. :	

## 2. Details of request on change of Advance Margin Deposit

Please tick the box where appropriate	Amount (HK\$)
Deposit Note 3	
□ Release to CCMS Collateral Account Note 4	

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

Name of Signatory(ies) : \_\_\_\_\_

Note 1: For the purpose of extending the Capital-Based Position Limits in the T+1 Session.

Note 2: The completed form should be received by HKCC no later than 3:00 p.m. HKT for same day effective. Participants should confirm with HKCC after sending out the form to ensure the receipt of the form by HKCC.

Note 3: The requested deposit amount will first be set off by any surplus in the House CCMS Collateral Account; the remaining shortfall (if any) will be collected from the designated bank account via Direct Debit Instruction.

Note 4: The requested amount will be released to the general cash collateral in Participant's House CCMS Collateral Account. Participant is required to input the withdrawal instruction in CCMS by 11:00 a.m. HKT for same day settlement with its designated bank account.

FOR HKCC USE			
VERIFIED/ DATE	APPROVED/ DATE	INPUT/ DATE	CHECKED/ DATE