

THE SEHK OPTIONS CLEARING HOUSE LIMITED

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ON-BEHALF INTERNAL POSITION ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :
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Contact Person for This Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Details of Position Adjustment

Internal Position Account Transfer:

	Old Account	New Account	Series	Long Transfer	Short Transfer	O/C/N/D
1.						
2.						
3.						
Justification:						

Position Netting:

	Account	Series	Net Down By
1.			
2.			
3.			
Justification:			

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

 Date

 Name of Signatory(ies) :