

THE SEHK OPTIONS CLEARING HOUSE LIMITED

Email: posttrade@hkex.com.hk

Tel: 2211 6932

Fax: 2868 0134

ON-BEHALF EXTERNAL POSITION TRANSFER REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :
----------------------------	-----------------------

Details of Position to be transferred

	Old Account	New Account	Series	Long Transfer	Short Transfer	O/C/N/D
1.						
2.						
3.						
4.						
5.						

Justification:

Confirmation from Participants involved

Party Involved	Authorised Signature	Contact Person for the transfer
Transferor Participant SEOCH Participant's Name : Date:	(with company chop, ONLY if it forms part of your signing instruction) Name of Signatory(ies) :	Name : Phone No.:
Transferee Participant SEOCH Participant's Name : Date:	(with company chop, ONLY if it forms part of your signing instruction) Name of Signatory(ies) :	Name : Phone No.: