



#### **Depository Account Maintenance Notice**

# (Physically Settled Metal Futures Contract) for Clearing Participants to be registered as Physical Delivery Participant defined under Clearing House Procedures

To: Clearing Participant Admin. & Services Clearing Operations 30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong	From:	
		(Full Name of Participant)
Fax: 2590 7000 Email:CDCO_CAS@hkex.com.hk		DCASS Customer Code:   _ _
		Contact Person:
		Tel: Fax:
trading day of the relevant spot month Ph purpose.	ysically S	nt to HKCC at least 5 business days before the last ettled Metal Futures Contract for the final settlement
HKCC Participant's Name:	••••••	
HKCC Participant's DCASS Customer Code:		
Delivery Agent's Name (where applicable):		
Delivery Agent's DCASS Customer Code:		
Contact Person for this Form:		
Name :	Tel	No.:
Email :	Fax	( No.:
	nation su	te as appropriate) maintained depository account(s)  bmitted in this Notice supersedes all previous
Approved Depository Name:		
Depository Account Code:		
Depository Account Name:		
Metal Deliverability (e.g. Gold and Silver)		



#### **Depository Account Maintenance Notice**

# (Physically Settled Metal Futures Contract) for Clearing Participants to be registered as Physical Delivery Participant defined under Clearing House Procedures

For General Clearing Participant only (delete below section as appropriate)						
We also confirm we offer physical delivery cap	pability to following Non-Clearing Pa	rticipants ("NCP"):				
(Please list out full name(s) of relevant HKFE	Participants where applicable)					
Authorized Cignoture(a)	Name of Signatory/ica)	Doto				
Authorised Signature(s) (with company chop, ONLY applicable	Name of Signatory(ies)	Date				

if it forms part of your signing instruction)



### **Depository Account Maintenance Notice**

### (Physically Settled Metal Futures Contract) for Clearing Participants to be registered as Physical Delivery Participant defined under Clearing House Procedures

#### **Countersigned by Approved Depository**

for processing.  From:		(Name of Approved Depository)
		-, , , , , , , , , , , , , , , , , , ,
We confirm that the above-named depository		bility is/are valid and belongs to
the above-named HKCC Participant (Deposito	ory Account Name:	
		).
Authorised Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction)	Name of Signatory (ies	Date

For Office Use Only								
Date Received:	Processed by:	Signature(s) Verified by:	Reviewed by:	Log Updated by: Log Checked by:	Effective Date:			
	Date:	Date:	Date:	Date:				