



香港交易所

OTC Clearing Hong Kong Limited (“OTC Clear”)

Client Onboarding Request Form/ Client Maintenance Form

To: OTC Clear Clearing Operations
30/F, One Exchange Square
8 Connaught Place
Central, Hong Kong

From: \_\_\_\_\_
(Full name of Clearing Member)

Tel: 2211 6508
Fax: 2427 1122

OCASS Clearing Member ID: | | | | | | | | | | | | | | | |

Contact Person: \_\_\_\_\_
Tel: \_\_\_\_\_
Email: \_\_\_\_\_
Fax: \_\_\_\_\_

New Client

Existing Client (please provide OCASS ID: \_\_\_\_\_)

For existing client, input only if there is a change in the information in Part I and Part III.

Terms used in this form are as defined in OTC Clear Rates and FX Derivatives Clearing Rule unless defined herein

Part I: Client Information:

Name of the client : \_\_\_\_\_

Country of Incorporation: \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

(Please attach copy of business registration certificate)

Registered office address: \_\_\_\_\_

Legal Entity Identifier (LEI): \_\_\_\_\_

SWIFT BIC Code: \_\_\_\_\_

Contact Person for Clearing (Front Office): \_\_\_\_\_

Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address \_\_\_\_\_

Contact Person for Clearing (Operations): \_\_\_\_\_

Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address \_\_\_\_\_



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## Client Onboarding Request Form

### Part II: Relationship between Clearing Member and Client:

- Please tick “✓” in the appropriate box

**Q1.** Please advise if there is any Affiliate relationship between the Clearing Member and the Client:

Yes, the Client is an affiliate or a subsidiary of the Clearing Member with a shareholding of \_\_\_\_%.

**(Please proceed to Q1(a).)**

No, there isn't any affiliate or subsidiary relationship between the Client and the Clearing Member.

**(Please proceed to Q2)**

**Q1 (a).** Is the Client registered with the CFTC as a futures commission merchant (an “FCM”)?”

Yes **(Please proceed to Part III)**

No **(Please proceed to Q2)**

**Q2.** Is the Client a US Person as the term is defined by CFTC?”

Yes **(Please proceed to Q2(a).)**

No **(Please proceed to Part III)**

**Q2(a).** Please confirm if the Client falls within the Clearing Member’s “proprietary account” as the term is defined CFTC Regulation?”

Yes **(Please proceed to Part III)**

No **(Please contact OTC)**

*Information provided in Q1 are in pursuant for OTC Clear Clearing Rules 401 (14D); Information provided in Part III, Q2 are in pursuant for OTC Clear Clearing Rules 401 (14A) or 14(B) or (14C)*

### Part III: Type of Client Clearing Accounts

- Please advise the client account type applicable to the client and tick “✓” in the appropriate box

**Individual Segregated Account** (OTC Clear will advise the short name after the account creation)

Transfer the existing Individual Segregated Account to Omnibus Account

Name of existing Omnibus Account (If any): \_\_\_\_\_

**Individual Segregated Account- Sponsored Settlement Member** (OTC Clear will advise the short name after the account creation)

**Omnibus Account**

**Create New Omnibus Account** (OTC Clear will advise the short name after the account creation)

**Group to existing Omnibus Account**

Name of existing Omnibus Account(If any): \_\_\_\_\_

<sup>1</sup> Proprietary account means, as term defined in Commodity Futures Trading Commission (“CFTC”) Regulation - Code of Federal Regulations, Title 17, Chapter I, 1.3(y).

<sup>2</sup> Set forth in the Commission's Interpretive Guidance and Policy Statement Regarding Compliance With Certain Swap Regulations, 78 Fed. Reg. 45,292, 45,316-17 (July 26, 2013).

<sup>3</sup> FCM means, as term defined in Commodity Futures Trading Commission (“CFTC”) Regulation - Code of Federal Regulations, Title 17, Chapter I, 1.3(p).



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### Client Onboarding Request Form

#### Part IV: Acknowledgment from Clearing Member

By signing on this form, we **(Clearing Member)**,

confirmed that we have delivered the Client Clearing Services Notice to the Client, and have undertaken to do all such things as OTC Clear may from time to time reasonably require to ensure that the Client is informed of the nature, costs and risks of the Client Clearing Services (Including each Client Clearing Category). We have also notified the Client that the Client may not have a claim against OTC Clear for the payment of the Client Entitlement pursuant to the Clearing Rules (in the case the Clearing Broker is a Rule-Based Clearing Member) or the terms of the Security Assignment Deed.

#### Part V: Acknowledgment from Client to Clearing Member

To: Clearing Member

We acknowledge and confirm that the information provided from Clearing Member on behalf of us is accurate.

For and on behalf of Client:

\_\_\_\_\_  
Authorized signatory

\_\_\_\_\_  
Authorized signatory

#### Part VI: Signatories for and on behalf of Clearing Member

We acknowledge and confirm the above and are authorized to sign for and on behalf of the Clearing Member.

\_\_\_\_\_  
Authorized Signature(s) and Company Chop

\_\_\_\_\_  
Date

(Name of Signatories: \_\_\_\_\_ )

For Office Use Only				
Received Date:		Approved by:	Checked by:	Effective Date:
	Date:	Date:	Date:	