

OTC Clearing Hong Kong Limited ("OTC Clear")

Transferor Clearing Member Reply Form (Full Portfolio Porting)

		Date:		
To:	OTC Clear Clearing Operations			
	30/F, One Exchange Square			
	8 Connaught Place Central, Hong Kong		(Full name of Clearing Member)	
	Tel: 2211 6508	OCASS Clearing Member ID:		
	Fax: 2427 1122	Contact Person:		
		Tel:		
		Fax:		
•••••				
	Towns used in this form are as defines	in OTC Clary Batas and EV Baringtines Clary	wine Rule unless defined bousin	
	ierms usea in this form are as defined	l in OTC Clear Rates and FX Derivatives Clea	ring kule uniess defined nerein	
We,	(Tra	ansferor Clearing Member) have	e received a notification from OTC	
Clea	r in relation to a request from	(C	lient) for a Full Portfolio Porting. We	
are v	vriting to inform you that:	·	,	
uio i	vicing to inform you that:			
Please	check the box where applicable			
	We object to such request	for Full Portfolio Porting because		
	•	· ·		
	We do not object to such re	equest for Full Portfolio Porting		
	Collateral which is register		ull Portfolio Porting and please find the details of all such Client in our Client Collateral Account as follows iteral to this form, if required):	
	• • •		•	



Cash Collateral

	Currency	Amount					
	Non-Cash Collateral						
	Type of Non-Cast Collateral	n ISIN Code	Quantity				
Signatories for a	and on behalf of the Transfei	or Clearing Member:					
We acknowledge and confirm the above and are authorized to sign for and on behalf of the Transferor Clearing Member.							
Authorized Signature(s) and Company Chop			Date				
(Name of Signa	ntories:)					
For Office Use Only							
Received Date:	Verified by:	Approved by:	Checked by:	Effective Date:			
	Date:	Date:	Date:				
For Office Use Only							