



OTC Clearing Hong Kong Limited ("OTC Clear")

Transferee Clearing Member Reply Form (Partial Portfolio Porting)

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

Date:
From:
(Full name of Clearing Member)

Tel: 2211 6508
Fax: 2427 1122

OCASS Clearing Member ID:
Contact Person:
Tel:
Fax:

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

In respect of the request for a Partial Portfolio Porting relating to
(Client) dated, please find our decision as follows:

Please check the box where applicable

- We do not want to proceed with such Partial Portfolio Porting.
We agree to proceed with such Partial Portfolio Porting to receive each Contract which is specified in the "Request for Partial Portfolio Porting Form" which was submitted by us on

Signatories for and on behalf of the Transferee Clearing Member:

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

Authorized Signature(s) and Company Chop

Date

(Name of Signatories: )

Table with 5 columns: Received Date, Verified by, Approved by, Checked by, Effective Date. Includes 'For Office Use Only' headers and sub-headers for Date.