

## Change of Company Particulars and Contact Persons Form

Please allow three business days for SECH / HKCC to process your change request

To: Clearing Participant Admin. & Services  
30/F, One Exchange Square,  
8 Connaught Place, Central,  
Hong Kong

Email: [CDCO\\_CAS@hkex.com.hk](mailto:CDCO_CAS@hkex.com.hk)

Fax: 2590 7000

From: \_\_\_\_\_

(Full Name of Participant)

DCASS Customer Code: |\_|\_|\_|\_|

Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please tick "✓" in appropriate box

☐ The SEHK Options Clearing House Limited ☐ HKFE Clearing Corporation Limited

☐ Change of Correspondence Address to: \_\_\_\_\_ Effective date: \_\_\_\_\_

☐ Change of Office Telephone No. to: \_\_\_\_\_ Effective date: \_\_\_\_\_

☐ Change of Fax No. to: \_\_\_\_\_ Effective date: \_\_\_\_\_

☐ New Contact Person List

Details of Contact Person		Intra-day Margin Call / Reserve Fund	DCASS
1. Name : Mr/Ms _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Title : _____	_____		
Telephone No. : Office: _____	_____	E-mail Address: _____	
Mobile: _____	_____	_____	
2. Name : Mr/Ms _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Title : _____	_____		
Telephone No. : Office: _____	_____	E-mail Address: _____	
Mobile: _____	_____	_____	
3. Name : Mr/Ms _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Title : _____	_____		
Telephone No. : Office: _____	_____	E-mail Address: _____	
Mobile: _____	_____	_____	
4. Name : Mr/Ms _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Title : _____	_____		
Telephone No. : Office: _____	_____	E-mail Address: _____	
Mobile: _____	_____	_____	

### Details of IT Contact

1. Name : Mr/Ms \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Telephone No. : \_\_\_\_\_ (Office & Mobile) \_\_\_\_\_

2. Name : Mr/Ms \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Telephone No. : \_\_\_\_\_ (Office & Mobile) \_\_\_\_\_

Authorised Signature(s) \_\_\_\_\_ Name of Signatory(ies) \_\_\_\_\_ Date \_\_\_\_\_  
(with company chop, ONLY applicable if it forms part of your signing instruction)

For Office Use Only					
Date Received:	Processed by:	Signature(s) Verified by:	Reviewed by:	Form Scanned by: Form Verified by:	Effective Date:
	Date:	Date:	Date:	Date:	