

Master SPSA ID to SPSA Mapping Maintenance Form

To: Clearing Participant Admin. & Services
Hong Kong Securities Clearing Company Limited ("HKSCC")
30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong

Email: CDCO_CAS@hkex.com.hk
Fax: (852) 2590-7000
China Connect Hotline: (852) 2979-7123

FOR OFFICE USE ONLY
Confirmed Effective Date:

From: _____ Master SPSA Holder ID:

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(Full Name of Master SPSA Holder)

NOTES:

1. To register the designation or change in designation of any SPSA owned or maintained by a Master SPSA Holder to a Master SPSA ID, please complete and submit this **Master SPSA ID to SPSA Mapping Maintenance Form** **not less than 5 business days** before your proposed effective date specified in the form.
2. Master SPSA Holder should note that at least one effective mapping of Master SPSA ID with the designated executing broker should be in place before/ with the same effective date of the Master SPSA ID to SPSA mapping. Otherwise, the sellable balance of the underlying SPSAs will not be aggregated to the Master SPSA ID on the following CSC trading day.
3. The proposed effective date specified in the form must be a business day.
4. The Master SPSA Holder and Custodian Participant, or a General Clearing Participant which is not an Exchange Participant ("non-EP GCP") of The Stock Exchange of Hong Kong Limited ("SEHK") will receive notification by means prescribed by the HKSCC of the confirmed effective date. The request will take effect from the confirmed effective date.
5. The SPSAs to be mapped to the Master SPSA ID should be maintained by the same Master SPSA Holder.
6. A SPSA can only be mapped to one Master SPSA ID only.

I. MASTER SPSA ID DETAIL

Master SPSA ID:

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II. MAINTENANCE REQUEST

Add SPSA(s) Mapping

Delete SPSA(s) Mapping

Proposed Effective Date: / / **[DD / MM / YYYY]**

III. SPSA DETAILS

Please fill in details of [Master SPSA ID to SPSA Mapping](#) (the mapping) for submission.
*The soft copy of the mapping in excel format has to be sent to CDCO_CAS@HKEX.COM.HK and please print it out and submit it to us with this form physically.

Number of SPSAs to be mapped with Master SPSA ID:

IV. CONFIRMATION BY THE MASTER SPSA HOLDER

We confirm that the information provided in Section III is correct and free from errors. All of the SPSAs in the Appendix A to be mapped to the Master SPSA ID are maintained by us.

Authorized Signature(s) of Master SPSA Holder
(with company chop, ONLY applicable if it forms part of your signing instruction)

Date Signed

(Name of Signatory(ies): _____)

Contact Person: _____

Email Address: _____ Contact Phone No.: _____

FOR OFFICE USE ONLY

Signature verified and checked by:	Notify Master SPSA Holder by:	Notify Custodian Participants or non-EP GCP by:	System input by CAS:
Reviewed by:			Checked by CAS:
Date:	Date:	Date:	Date: