HKEX
香港交易所

DCASS Online / DCASS OAPI Connectivity Test Confirmation Form

To: Clearing Operations - Cash &Derivatives Clearing
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong

From:_____

_____
(Full Name of Participant)

Tel: 2211 6932
Fax: 2868 0134
Email:clearingpsd@hkex.com.hk

DCASS Customer Code: **|C|__|__|__|**

Contact Person: _____   Tel: _____

....

Please tick "✓" in appropriate box

☐   DCASS Online User
(please fill in items 1 & 5 below)

☐   DCASS OAPI User
(please fill in ALL items below)

1. DCASS User ID :   _____

(e.g.   BU_CABC101 for DCASS Online User;

BO_CAB901 for DCASS OAPI User)

2. Name of DCASS OAPI Program :   _____

3. Version of DCASS OAPI Program :   _____

4. Computer Name of DCASS OAPI User: _____ (e.g. xxxWxx)

5. Connectivity Test Date :   _____ dd/mm/yyyy

The undersigned hereby confirms that the captioned connectivity test has been completed successfully.

(S.V.)

_____   _____
Authorized Signature(s)   Date
(with company chop, ONLY applicable if it forms
part of your signing instruction)

(Name of Signatories:)

Updated May 2019