

**DCASS Online / DCASS OAPI Connectivity Test
 Confirmation Form**

To: Clearing Operations – On Exchange Clearing
 30/F, One Exchange Square,
 8 Connaught Place, Central,
 Hong Kong

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

From: _____

 (Full Name of Participant)

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)
 (with company chop, ONLY applicable if it forms
 part of your signing instruction)

 Date

(Name of Signatories: _____)