## Specimen of commonly used Operational Forms for HKCC and SEOCH are attached in A2.2 and A2.3 respectively as illustration

Post-trade Related Forms for HKCC and SEOCH Participants can be found in HKEX website.

## Specimen of "On-Behalf Trade Adjustment Request Form"

HKCC-Form 1

#### HKFE CLEARING CORPORATION LIMITED

Clearing Operations - Cash & Derivatives Clearing Email: posttrade@hkex.com.hk

30/F, One Exchange Square,Fax:2868 01348 Connaught Place, Central, Hong KongTel:2211 6932

#### ON-BEHALF TRADE ADJUSTMENT REQUEST FORM

Please contact us to confirm the form has been received by HKCC

	Trade execution time  Before the end of "T Session"  After the start of "T+1 Session"  Between "System Input Cutoff Time" at "T+1 Session Cutoff Time", only current "T+1" trades will be accepted								Please fill in all required particulars			
	Parti	culars o	fHKCC Parti	cipant						K		
ſ	HKC	Participa	ant's Name:					DCASS Cust	tomer Code :			a Please provide
												Trade Date, DCASS
Ē	Conta Name		for this Request!	Corm:				Tel. No. :				account name, series
	Positi	on:						Fax No.:				buy/sell side, prices and
	Detai	ls of Tra	ade Adjustmen	ıt								quantity
				Origina	l Trade Detail	Buy			Detail of Trad	e to be Re	O/C/	<b>6</b> 5
<b>a</b>		Trade		<u>-</u>	Trade					ļ	•	b Please indicate the
	,	Date	Account	Series	No.	/Sell	Price	Quantity	Account	Quantity	N/D	effect required.
	1. 2.		HK CABC C1	HHIZ4	2346568	В	23000	10	HK CABC H1	10	0	Otherwise, "D" - Default
	3.											•
	4.				will be assumed							
	5.											
					•	•	•		•			

Authorised Signature(s) of HKCC Participant [with company chop, ONLY applicable if it forms part of your signing instruction]	Date	
		Authorized signature(s) as
Name of Signatory(ies):		provided to clearing house
	<del></del>	[with company chop,
		ONLY applicable if it
		forms part of your signing
		instruction]

## Specimen of "On-Behalf Trade Give up/Take up Request Form"

HKCC-Form 2

#### HKFE CLEARING CORPORATION LIMITED

Clearing Operations – Cash & Derivatives Clearing
30/F, One Exchange Square,
Fax: 2868 0134

8 Connaught Place, Central, Tel: 2211 6932

Hong Kong

#### ON-BEHALF TRADE GIVE-UP/TAKE-UP REQUEST FORM

Please contact us to confirm the form has been received by HKCC

Trade execution time	Form	submission	deadline

- Before the end of "T Session" By "System Input Cutoff Time" on the next "Business Day"
- After the start of "T+1 Session" A By "System Input Cutoff Time" on the business day after next "Business Day"
- ^ Between "System Input Cutoff Time" & "T+1 Session Cutoff Time", only current "T+1" trades will be accepted

Please fill in all required particulars

#### Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :
Contact Person for this Request Form :	
Name :	Tel. No. :
Position :	Fax No.:

#### On Behalf Give-up Details

			Detail of Give Up Trade						
	Trade Date Account Series Trade No.   Buy   / Sell Price   Quantity				Participant / Account	Quantity			
1.		HK CABC C1	HHIZ4	1146568	В	23000	10	HK CDEF C1	10
2.									K
3.									

Date, DCASS account name, series name, trade number, buy/sell

Please provide Trade

side, prices, quantity

and O/C

#### On Behalf Take-up Details

				Detail of T	ake Up Trac	de					
	Trade Date	Account	Series	Trade No.	GiveUp No.	Buy / Sell	Price	Quantity	Participant / Account	Quantity	O/C
1.		HK CABC C1	HHIZ4	1146547	1	В	23000	10	HK CDEF C1	10	0
2.											
3.											

Authorised Signature(s) of Give-up HKCC Participant [with company chop, ONLY applicable if it forms part of your signing instruction]

Authorised Signature(s) of Take-up HKCC Participant [with company chop, ONLY applicable if it forms part of your signing instruction] Date

Name of Signatory(ies):

Name of Signatory(ies):

Authorized signature(s) as provided to clearing house [with company chop,
ONLY applicable if it forms part of your signing instruction]

## Specimen of "On-Behalf Average Price Trade Request Form"

HKCC-Form 3

#### HKFE CLEARING CORPORATION LIMITED

Clearing Operations - Cash & Derivatives Clearing 30/F, One Exchange Square, Fax: 2868 0134 Connaught Place, Central, Hong Kong Tel: 2211 6932

	onnaught Place, Central, Hon	g Kong			1 6932	
	ON-BEI	HALF AVERA	GE PRICE	TRAD	E (APT) FORM	
Pleas	se contact us to confirm the for	m has been recei	ved by HKC	c		Please fill in all
■ Bef	de execution time fore the end of "T Session" ter the start of "T+1 Session"^		t Cutoff Tin	ie" on <u>th</u>	e same "Business Day" e next "Business Day"	required particulars
^ Be	tween "System Input Cutoff Tin	ne" & "T+1 Sessio	on Cutoff Tin	ne", only	current "T+1" trades will be acce	pled
Part	iculars of HKCC Participant					
НКС	C Participant's Name :				DCASS Customer Code :	
Conta Name Posit					Tel. No. : Fax No. :	
Deta	ils of Average Price Trades				1	
Serie	es:		HHZ4		-	a Please provide
Buy	/ Sell :		B			series name,
Resu	lting APT shall be allocated to  Trade Number	Price HK	CABC C1		<del>-</del>	buy/sell side and
(b) 1.	1165478	23110	Qu	antity 5	+	account
2.	1165480	23100		10		- O Diagon provide
3.					<b>-</b>	Blease provide
4.						the trade number,
5.						price and quantity
6. 7.			+			for APT trades
8.						© Please specify
1		Total Quantity	c	15		
					up the product of the execution price total quantity under the APT trade	
Authorise	d Signature(s) of HKCC Participant [w	ith company chop, ON	LY		Date	

Authorised Signature(s) of HKCC Participant [with company chop, ONLY applicable if it forms part of your signing instruction]	Date
applicable in it forms part of your signing instruction]	Authorized signature(s) as
Name of Signatory(ies):	provided to clearing house
	[with company chop,
	ONLY applicable if it
A2.	1 forms part of your signing
	Last updated date 05/2019 instruction]

## Specimen of "On-Behalf Internal Position Adjustment Request Form"

HKCC-Form 4

#### HKFE CLEARING CORPORATION LIMITED

Clearing Operations - Cash & Derivatives Clearing
30/F, One Exchange Square,

Email: posttrade@hkex.com.hk
Fax: 2868 0134

8 Connaught Place, Central, Hong Kong Tel: 2211 6932

ON-BEHALF	INTERNAL	POSITION	ADJUSTN	MENT RE	QUEST FORM
-----------	----------	----------	---------	---------	------------

Please note below arrangement for form submission in respective time, and please contact us to confirm the form has been received by HKCC

- · Before "System Input Cutoff Time", only "CTD" position adjustment will be executed
- Between "System Input Cutoff Time" & "T+1 Session Cutoff Time", only "NTD" position adjustment will be executed

#### Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :
Contact Person for this Request Form :	
Name:	Tel. No. :
Position:	Fax No. :

#### Details of Position Adjustment

#### Internal Account Position Transfer

THICK!	atti ani ittogati i vinosi i i naisti								
	(a) Old Account	a New Account	(b) Series	Long Transfer	Short Transfer	© O/C/N/D			
1.	HK CABC C9001	HK CABC C1	HSIZ4	<b>#</b> 200		О			
2.									
Justification: (d) * <see 1="" attached="" more="" page=""></see>									

Position Netting for the Same Series

	1 osition tverting for the same series									
		(a) Account	(b) Series	Net Down By						
Ī	1.	HK CABC C1	HHIZ4	# 100						
	2.									

Position Netting between Different Series (e.g. HSI Futures vs Mini-HSI Futures, HSI Options vs HSI Flexible Options,

		HSCEI	Futures vs A	fini-HSCEI	Futures, HSCEI Optio	ns vs Mini-I	ISCEI Options
	9	<b>6</b>	Long	Short	б	Long	Short
	(a) Account	⑤ Series A*	Net Down By	Net Down By	Series B*	Net Down By	Net Down By
1.	HK CABC C1	HSIV4	# 100		MHIV4		# 500
2.							

<sup>\*</sup> The series under the fields "Series A" and "Series B" in the same row should have the same underlying commodity, contract month, strike price, option type but with opposite positions at a ratio as stipulated in the Clearing House Procedures 1.5.1

Authorised Signature(s) of HKCC Participant [with company chop, ONLY applicable if it forms part of your signing instruction]

Name of Signatory(ies):

Date

required particulars

Please fill in all

- (a) Name of clearing account name as displayed in DCASS
- Series name as displayed in DCASS
- © Please indicate the effect required.
  Otherwise, "D" Default will be assumed
- ① Please provide reason for the adjustment request
- \* Indicate clearly as shown, if separate sheet attached for further request

# Please check against the Account Position Window at DCASS to ensure there is sufficient quantity for the transfer/net down

Authorized signature(s) as provided to clearing house [with company chop, ONLY applicable if it forms part of your signing instruction]

A2.1

### Specimen of External Position Transfer Request Form"

Tel:

2211 6932

HKCC-Form 5

#### HKFE CLEARING CORPORATION LIMITED

Please fill in all

Clearing Operations – Cash & Derivatives Clearing
30/F, One Exchange Square,

Email: posttrade@hkex.com.hk
Fax: 2868 0134

8 Connaught Place, Central, Hong Kong

posttrade@hkex.com.hk required particulars

#### EXTERNAL POSITION TRANSFER REQUEST FORM

Please note below arrangement for form submission in respective time, and please contact us to confirm the form has been received by HKCC

Before "System Input Cutoff Time", only "CTD" position transfer will be executed

Between "System Input Cutoff Time" & "T+1 Session Cutoff Time", only "NTD" position transfer will be executed

name as
displayed in

a Name of

clearing account

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :
-	

#### Details of Position to be transferred

	a Old Account	a New Account	(b) Series	Long Transfer	Short Transfer	©O/C/N/D
1.	HK CABC C9001	HK CDEF C2	HSIZ4	# 200		0
2.	HK CABC C2	HK CDEF C1	MHIV4			D
3.	HK CABC C2	HK CDEF C1	HHIV4	# 10	# 50	N

Justification:

**d** 

\* <See 1 more attached page>

#### Confirmation from HKCC Participants involved

Parties Involved Contact Persons for the transfer **Authorised Signatures** Transferring Participant HKCC Participant's Name: Name: (with company chop, ONLY if it forms part of your signing instruction) Phone No.: Date: Name of Signatory(ies): Receiving Participant HKCC Participant's Name: Name: Authorized (with company chop, ONLY if it forms part of your signing instruction) signature(s) as Date: Phone No.: Name of Signatory(ies): provided to clearing house [with company

chop, ONLY applicable

if it forms part of your signing instruction]

A2.1

DCASS

Series name as displayed in DCASS

© Please indicate the effect required.
Otherwise, "D" - Default will be assumed.

Pleaseprovide reason for the adjustment

\* Indicate clearly as shown, if separate sheet attached for further request

# Please check

against the
Account Position
window at DCASS
to ensure there is
sufficient quantity

for the transfer/net

Last updated date 05/2019

## Specimen of "Annulment of Position Netting Request Form"

HKCC-Form 6

## HKFE CLEARING CORPORATION LIMITED

Clearing Operations – Cash & Derivatives Clearing
30/F, One Exchange Square,

Email: posttrade@hkex.com.hk
Fax: 2868 0134

8 Connaught Place, Central, Hong Kong Tel: 2211 6932

Please fill in all required particulars

#### ANNULMENT OF POSITION NETTING REQUEST FORM

Please contact us to confirm the form has been received by HKCC

#### Type of positions Form submission deadline

- "CTD" Positions By "System Input Cutoff Time" on the 5th "Business Day" after the netting of positions
- "NTD" Positions^ By "System Input Cutoff Time" on the 6th "Business Day" after the netting of positions
- ^ Between "System Input Cutoff Time" & "T+1 Session Cutoff Time", only positions netting regarding current "N. positions will be accepted for annulment

#### Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :						
Contact Person for this Request Form :							
Name:	Tel. No. :						
Position:	Fax No. :						

#### Details of Position Netting to be annulled

Reques	Request for: positions in the same series											
a	Date of Netting	Account	Series	Trade No.	Buy/Sell	Original Quantity of Net Down*						
1.		HK CABC C1	HSIZ4	9229998181	Buy	100						
2.												
Justific	cation:	(b) * <see 1<="" td=""><td></td><td></td><td></td></see>										

Request	dequest for: positions between different series (e.g. HSI Futures vs Mini-HSI Futures, HSI Options vs HSI Flexible Options, HSCEI Futures vs Mini-HSCEI Futures, HSCEI Options vs Mini-HSCEI Options)									
a					Original			Original		
	Trade				Long			Short		
	Date	Account	Series A**	Trade No.	Net Down*	Series B**	Trade No.	Net Down*		
1.		HK CABC C1	HHIZ4	1895664	100	MCHZ4	1895690	500		
2.										
Tour 6 feet	and the same of	(1)								

Authorised Signature(s) of HKCC Participant [with company chop, ONLY applicable if it forms part of your signing instruction]

Name of Signatory(ies):

Date

Net Descript about the efficiency assessed

- \* The "Original Quantity of Net Down", "Original Long Net Down" and "Original Short Net Down" should be of the same quantity as that of the previous position net down.
- \*\* The series under the fields "Series A" and "Series B" in the same row should have the same underlying commodity, contract month, strike price, option type but with opposite positions at a ratio as stipulated in the Clearing House Procedures 1.5.1.

(a) Please provide the date of Netting, DCASS account name, series name, trade number, buy/sell side and number of position previously netted down as per DCASS

- Please provide reason for the adjustment request
- \* Indicate clearly as shown, if separate sheet attached for further request

Authorized signature(s) as provided to clearing house [with company chop,
ONLY applicable if it forms part of your signing instruction]

## Specimen of "On-Behalf Trade Adjustment Request Form"

SEOCH-Form A1

Please fill in all required

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

Clearing Operations – Cash & Derivatives Clearing Fax: 2868 0134 30/F, One Exchange Square, Hotline: 2211 6932 8 Connaught Place, Central, Hong Kong

				particulars								
	Particular	rs of SEOC	H Participa	nnt						K		
	SEOCH Pag	rticipant's Nan	ne :	DCASS	Customer	Code :		Broke	r Firm ID :			② Please provide the
												Trade Date, DCASS
	Name :	son for This F	Request Form:					Tel.	No. :			account name, series
	Position:							Fax	No. :			name, trade number,
	Details of	Trade Adj	ustment									buy/sell side, prices and
			Original	Trade De	tail			Ι	etail of Tra	le Red	tified	quantity
	Trade	Λ4	C	Trade	Buy /Sell	Deise	0		0	O/C/ N/D	Free text* ©	b Please indicate the
<u>a</u>	Date	Account  HK CABC A1	Series HEX85.00L4	No. 2348587	В	Price 50	Quantity 10	Account		0	b	effect required Otherwise,
						30	10		10			"D" - Default will be
												assumed
												© Please leave "Free
												text" blank
												Authorized signature(s) as
												provided to clearing house
٠	Th !!E		b!!		-615	L	in all dis					[with company chop,
Č	ine rree	техт пена о	nly allows a	maximum	of 15 c	naracters	memamg	апу ѕрасе	5.			<ul> <li>ONLY applicable if it</li> </ul>
١												forms part of your signing
١												instruction]
			SEOCH Parting instruction]	cipant [with	company	y chop, ON	ILY applicab	le if	Date			
1	Name of Sign	natory(ies):										

## Specimen of "On-Behalf Trade Give up/Take up Request Form"

SEOCH-Form A2

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

	30/F	Clearing Operations – Cash & Derivatives Clearing 30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong  ON-BEHALF TRADE GIVE-UP/TAKE-UP REQUEST FORM											Please fill in all required		
			ON-	BEHAI	LF TRA	DE GIV	E-UP	TAKE-	UP REQ	UEST	FOR	M			particulars
	Parti	iculars of	SEOCH	Particip:	ant							K			
Г	SEO	CH Participa	ant's Name :		DCA:	SS Custome	r Code :		Bro	ker Fin	nID:				1
	Conta		or This Requ	est Form:	:					12	Tel. No. :				5 Di
	Positi										as No. :				a Please provide the
L															Trade Date, DCASS
	Onb	ehalf Gi	re-up Deta	uls	Detail of	f Original '	Trade				De	etail of C	ive Up	Trade 6	account name, series
		Trade	4				Buy	D	0		Partic	ipant		Free	name , trade number,
<u>a</u>	1.	Date	HK CABC			ade No. 348515	/ Sell	Price 50	Quanti 10	ıy	HK CDI	-	Quantity 10	text*	buy/sell side, prices and
	2.					340313	5	50	10						quantity
	3.														_
	On B	ehalf Ta	ke-up Det	ails											b Please leave "Free
				D	etail of Or	iginal Tra	ie			l	Detail	l of Take	e Up Tra	de (b)	text" blank
		Trade Date	A	Carrian	Trade No.	GiveUp No.	Buy / Sell	Deign	Outerstier		cipant	O	0//	Free	1
<b>a</b>	1.	Date	Account  HK CABC A1	Series HEX85.00L4	2348520		S	Price 50	Quantity 50	HK CD	EF A1	Quanti 10	ty 0/0	text*	1
	2.				25 10520									-	
	3.	$\sqcup$								<u> </u>					
															Authorized signature(s) as
	* The	"Free te	xt" field or	ıly allow	s a max	imum of .	30 char	acters in	cluding ar	y spa	ces.				provided to clearing house
															-
											. I∢				[with company chop,
											_[`				ONLY applicable if it
		_	ure(s) of Giv	e-up SEOC	CH		_	iture(s) of	Take-up SEO	CH		Date			forms part of your signing
1	Participant  [with company chop, ONLY applicable if it forms [with company chop, ONLY applicable if it forms part of your signing instruction]  part of your signing instruction										instruction]				
1	Name of Signatory(ies):  Name of Signatory(ies):														
L															

30/F, One Exchange Square,

Name of Signatory(ies): \_

Clearing Operations - Cash & Derivatives Clearing

## Specimen of "On-Behalf Average Price Trade Request Form"

2868 0134

SEOCH-Form A3

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

Fax:

	F, One Exchange Square, onnaught Place, Central, Hong	Kong	Hotline:	2211 6932	
	ON-BEHALF A	VERAGE PRICE	TRADE (APT	REQUEST FORM	Please fill in all
Parti	culars of SEOCH Participant			K	required particulars
SEO	CH Participant's Name :	DCASS Customer Code		Broker Firm ID :	
Conta	ct Person for This Request Form:			Tel No :	
Positi				Fax No. :	
					(a) Please provide the
Deta	ils of Average Price Order (Al				series name , buy/sell
Serie		HEX85.	00L4	_   ,	side, resulting account
<b>a</b>	/ Sell : lted APT will be allocated to :	HK CAE	BC A1	-	
	ited AF1 will be allocated to: it Account No. (for reference onl	v):		_	and client account
					number
	Trade Number	Price	Quantity		
b 1.	1201356 1201360	60 70	20		Bease provide the
3.		,,	20	<del></del>	trade number, price and
4.					•
5.					quantity for APT trades
6. 7.					
8.					© Please specify the
9.					
10.		Total Constitu	<u>(c)</u> 30		total quantity
		Total Quantity	<u>C</u> 30		
aı	verage Price - The average price and the respective quantity execu ades.	e of the APT is comp ted at those prices, di	uted by summing viding such sum	up the product of the execu by the total quantity under th	tion prices ne APO
				<b>1</b>	Authorized signature(s) as
				<del>-</del>	provided to clearing house
					[with company chop,
	rised Signature(s) of SEOCH Partici		p, ONLY	Date	ONLY applicable if it
applic	able if it forms part of your signing is	nstruction]			forms part of your signing
					instruction]

## Specimen of "On-Behalf Internal Position Adjustment Request Form"

SEOCH-Form A4

Last updated date 05/2019

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

30	learing Operations D/F, One Exchange Connaught Place, O	Square,	· ·	Fax: Hotline	e:		0134 6932			Please fill in all required
										particulars
Parti	ON-BEH	ALF INTERNA	L POSITION	ADJUS'	TME	NT RE	QUES	T FORM		Name of clearing
	'H Participant's Name :		S Customer Code :			Broker F	imn ID :			account name as displayed in DCASS
Contac	t Person for This Req	uest Form :								Series name as
Name Positi	•						Tel. No Fax No			displayed in DCASS
Detai	ls of Position Adju	ustment								© Please indicate the
	al Position Account T									effect required
шеп	a Old Account	New Account	(b) Series	5	Long	Transfer	Sh	ort Transfer	0/C/N/D	Otherwise, "D" - Defaul
1.	HK CABC A1	HK CABC P1	HEX100	0.00L4			#	200	© O	will be assumed
2.							+			d Please provide
	ication:	* -0	ee 1 more atta	ahad naa						reason for the
	<u>@</u>	<i>C&gt;</i> **	ee 1 more atta	cned pag	;e>					adjustment request
Positio	on Netting									* Indicate clearly as
_	(a) Acc		*****	6 Serie					wn By	shown, if separate
1.	HK CABC A1		HEX	X100.00L	.4			# 100		sheet attached for
3.										further request
Justif	ication:	* <	See 1 more at	tached pa	age>					# Please check agains
										the Account Position
										window at DCASS to
										ensure there is
										sufficient quantity for
										the transfer/net down
Authori	sed Signature(s) of SE	OCH Participant [wit	1 company chop, O	NLY				Date		
	ole if it forms part of y							Authoriz	ed signatu	ure(s) as
									to clearin	
Name o	f Signatory(ies):							•	mpany cho	
					J			_	pplicable i	
									rt of your	
				A2.2				instruction	-	1 and 1 m date of date 05/2010

## Specimen of "External Position Transfer Request Form"

SEOCH-Form A5

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

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

Fax: 2868 0134 Hotline: 2211 6932 required particulars

Please fill in all

(a) Name of clearing account name as displayed in DCASS

Series name as displayed in DCASS

© Please indicate the effect required
Otherwise, "D" - Default will be assumed

 Please provide reason for the adjustment request

#### EXTERNAL POSITION TRANSFER REQUEST FORM

#### Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
SEOCII Faracipala S Ivalie .	DOMOG CUSTOME COME.	Dionei Faul ID.

#### Details of Position to be transferred

						(c)			
	a Old Account	New Account	(b) Series	Long Transfer	Short Transfer	O/C/N/D			
1.	HK CABC A1	HK CDEF A1	HEX100.00L4		# 200	О			
2.									
3.									
Justif	Justification: * <see 1="" attached="" more="" page=""></see>								

#### Confirmation from Participants involved

	<u> </u>		
Party Involved	Authorised Signature	Contact Person for the transfer	* Indicate clearly as shown,
Transferor Participant SEOCH Participant's Name:		Name :	if separate sheet attached
			for further request
	(with company chop, ONLY if it forms part of		# Please check against the
DCASS Customer Code:	your signing instruction)  Name of Signatory(ies):	Phone No.:	Account Position window at
	, , ,		DCASS to ensure there is
Broker Firm ID :			sufficient quantity for the
Transferee Participant			transfer/net down
SEOCH Participant's Name:		Name :	
	(with company chop, ONLY if it forms part of	*	Authorized signature(s) as
DCASS Customer Code:	your signing instruction)  Name of Signatory(ies):	Phone No.:	provided to clearing house
DCA33 Customer Code.	Name of Signatory(les).	Phone No	[with company chop,
Broker Firm ID :			ONLY applicable if it
		<del>ا</del>	forms part of your signing
			instruction]

## Specimen of "Annulment of Position Netting Request Form"

SEOCH-Form A6

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

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

Fax: 2868 0134 Hotline: 2211 6932 Please fill in all required particulars

(a) Please provide the date of Netting, DCASS account name, series name, trade number, buy/sell side and number of position previously netted down as per DCASS

b Clearing Participant may request to reopen all or part of the previously netted position

© Please provide reason for the adjustment request

# \* Indicate clearly as shown, if separate sheet attached for further request

#### ANNULMENT OF POSITION NETTING REQUEST FORM

ipant		
DCASS Customer Code :	Broker Firm ID :	
m:		
	Tel. No. :	
	Fax No. :	
	DCASS Customer Code :	DCASS Customer Code : Broker Firm ID :  m :  Tel. No. :

#### Details of Position Netting to be annulled

a	Date of Netting	Account	Series	Trade No.	Buy/Sell	Original Quantity of Net Down*	Quantity to be Reopened
1.		HK CABC A1	HEX85.00L4	123456789	В	100	100
2.							
3.							
4.							
5.							
Justific	cation:	* < See 1 mo	ore attached p	page>			

Note: Any request to annul a position which has been netted down for more than FIVE Business Days will NOT be entertained.

Authorised Signature(s) of SEOCH Participant [with company chop, ONLY applicable if it forms part of your signing instruction]

Name of Signatory(ies):

Authorized signature(s) as provided to clearing house [with company chop, ONLY applicable if it forms part of your signing instruction]

<sup>\*</sup> The "Original Quantity of Net Down" should be the same quantity of previous position net down.

## Specimen of "On-Behalf Cover/ Decover Request Form"

SEOCH-Form A7

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

Clearing Operations – Cash & Derivatives Clearing Fax: 2868 0134 30/F, One Exchange Square, Hodine: 2211 6932 8 Connaught Place, Central, Hong Kong

cticulars of SEOCH Partice  OCH Participant's Name:  tact Person for This Request Form:	DCASS Customer Code :	Broker Firm ID :		required particulars
act Person for This Request Form:	DCASS Customer Code :	Broker Firm ID :		7
				11
ne:		Tel. No. :		<u> </u>
ition:		Fax No. :		4
				_
	and complete relevant details by vering of position with details			Please provide the DCASS account, series, Number of
Account	Series	Cover Request in no. of shares	Remark	cover/de-cover shares, total
HK CABC A1	HEX85.00L4	2000		shares and remark (if
HK CABC AT				necessary)
	Total:	2000		
Please perform de	ecovering of position with deta	ils as follows :		
Account	Series	Decover Request in no. of shares	Remark	Authorized signature(s) as
HK CABC P1	HEX90.00L4	2000		provided to clearing house
				[with company chop,
	Total:	2000		ONLY applicable if it
				forms part of your signing
				instruction]
Authorised Signature(s) of SEOCH (with Company chop, ONLY appli	I Participant icable if it forms part of your signing ins	truction)	Date	
N				
Name of Signatory(ies):				

Clearing Operations - Cash & Derivatives Clearing

## Specimen of "On-Behalf Exercise/ Exercise adjustment Request Form"

2868 0134

SEOCH-Form A8

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

		ing Operations – C One Exchange Squ		ves Clearing		868 0134 211 6932		Please fill in all required
		maught Place, Cent		g	noume.	211 0932		particulars
		ON-BEHAL	F EXERCIS	E/EXERCISE AI	DJUSTMENT R	EQUEST	FORM	
	Particul	ars of SEOCH Pa	rticipant				K	<u>_</u>
	SEOCH F	Participant's Name :	DCAS	S Customer Code :	Broker	Firm ID :		
	Contact Pe	rson for This Request Fo	om:					'
	Name :					Tel. No. :		O Diagram marida da DOAGO
	Position:					Fax No. :		a Please provide the DCASS
	Please In	nput the following	Exercise Requ	ıest				account, series and no. of
					eries	N56	Contracts to Exercise	contracts to exercise
	1	HK CAI			90.00L4	No. 01 C	50	
a	2	1111 011	30111	TIEA	190.00L4	+	30	
	3							b Please provide the
	4							DCASS account, series and
	Please R	leject the following	g Pending Exer	rcise Request				no, of contracts exercised
					27 65 4 4			and the Exercise request
_	1	Account HK CABC A1		Series K90.00L4	No. of Contracts	Exercised	Exercise req nbr	number for rejecting the
<b>b</b>	2			2, 0,002.	20		,	
	3							pending exercise request
	4							O Diagram manida da d
	Please D	eny the following	from General	Exercise				© Please provide the
						No.		DCASS account, series and
		Acco	unt	3	eries		w deny quantity  (AL no. of Contracts to	no. of contracts to be
		HIV CAL	DC 41	HEXO	001.4	be denie	d from general exercise)	denied from General
c	2	HK CAI	BC AI	HEX90	).00L4		15	Exercise
	3							
	4							
		•					,	
					R	_		
		d Signature(s) of SEO if it forms part of you		vith company chop, Ol	NLY	Da	te	
	приделеге	in it remine plant or you	a signing monte.			Αι	uthorized signature	e(s) as
	Name of S	Signatory(ies):				pr	ovided to clearing	house
						•	ith company chop,	
						_	NLY applicable if it	
					A2.2		rms part of your sig	yımıy
						ins	struction]	Last updated date 05/2019

## Specimen of "On-Behalf Exercise Criteria Input Request Form"

SEOCH-Form A11

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

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

Fax: 2868 0134 Tel: 2211 6932

- On or before 12:00 noon if the request is for same day processing
- Form submitted after 12:00 noon will be processed on the next business day

Please			

ON-BEHALF EXERCISE	CRITERIA INPUT REQUEST FORM
SEOCH Participant's Name :	DCASS Customer Code :
Contact Person Name :	Tel. No. :
Position:	Fax No. :

Please tick "\square" in the appropriate box below:

Creation	Deletion##		Modification of Exercise Criteria#
----------	------------	--	------------------------------------

Deta	ails of Exercise C	riteria			
	DCASS Account	Stock Call Option (√ if applicable)	Stock Put Option (√ if applicable)	LIMIT UNIT (% or Fixed Value)	LIMIT^^
E.g.	HK CABC A1	<b>√</b>	<b>√</b>	%	1.8000%
E.g.	HK CABC P1	√	<b>V</b>	Fixed Value	HKD 3.000
1.		K			
2.					
3.					

##: It only applies on those exercise criteria previously created

^^: "LIMIT", if in %, can support up to 4 decimals; if in Fixed Value, can support up to 3 decimals

(currency code plus value). Please see example above

Please provide DCASS position account.

E.g. HK CABC A1, HK CABC P1, HK CABC M1,

HK CABC C2001, HK CABC A1+NCP,

HK CABC P1+NCP, HK CABC M1+NCP

	of SEOCH Participant (with company chop, as part of your signing instruction)
Name of Signatory(ies):	

Updated: May 2019

Authorized signature(s) as provided to clearing house [with company chop, ONLY applicable

Date

if it forms part of your signing instruction]

Last updated date 05/2019

A2.2