

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
30/F, One Exchange Square,
8 Connaught Place, Central, Hong Kong

Email: posttrade@hkex.com.hk
Fax: 2868 0134
Tel: 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”[^]

Form submission deadline

- By “System Input Cutoff Time” on the next “Business Day”
- 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.:

① Please provide
Trade Date, DCASS
account name, series
name, trade number,
buy/sell side, prices and
quantity

Details of Trade Adjustment

Original Trade Detail								Detail of Trade to be Rectified		
	Trade Date	Account	Series	Trade No.	Buy / Sell	Price	Quantity	Account	Quantity	O/C/ N/D
1.		HK CABC C1	HHIZ4	2346568	B	23000	10	HK CABC H1	10	O
2.										
3.										
4.										
5.										

② Please indicate the
effect required.
Otherwise, “D” - Default
will be assumed

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

Name of Signatory(ies): _____

Date

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 Give up/Take up Request Form”

HKFE CLEARING CORPORATION LIMITED

HKCC-Form 2

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

Email: posttrade@hkex.com.hk

Fax: 2868 0134

Tel: 2211 6932

ON-BEHALF TRADE GIVE-UP/TAKE-UP 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”[^]

Form submission deadline

By “System Input Cutoff Time” on the next “Business Day”

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

Please provide Trade Date, DCASS account name, series name, trade number, buy/sell side, prices, quantity and O/C

On Behalf Take-up Details

	Detail of Original Trade								Detail of Take Up Trade		
	Trade Date	Account	Series	Trade No.	GiveUp No.	Buy / Sell	Price	Quantity	Participant / Account	Quantity	O/C
1.		HK CABC C1	HHIZ4	1146547	1	B	23000	10	HK CDEF C1	10	O
2.											
3.											

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

Name of Signatory(ies) :

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

Name of Signatory(ies) :

Date

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,
8 Connaught Place, Central, Hong Kong

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

ON-BEHALF AVERAGE PRICE TRADE (APT) 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”[^]

Form submission deadline

- By “System Input Cutoff Time” on the same “Business Day”
- By “System Input Cutoff Time” on the 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. :

Details of Average Price Trades

Series :	HHZ4
Buy / Sell :	B
Resulting APT shall be allocated to :	HK CABC C1

Ⓐ Please provide
series name,
buy/sell side and
account

	Trade Number	Price	Quantity
Ⓑ	1. 1165478	23110	5
	2. 1165480	23100	10
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	Total Quantity	Ⓒ	15

Ⓑ Please provide
the trade number,
price and quantity
for APT trades

Ⓒ Please specify
the total quantity

* Average Price - The average price of the APT is computed by summing up the product of the execution prices and the respective quantity executed at those prices, dividing such sum by the total quantity under the APT trades.

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

Name of Signatory(ies) : _____

Date

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 Internal Position Adjustment Request Form”

HKCC-Form 4

HKFE CLEARING CORPORATION LIMITED

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

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

ON-BEHALF INTERNAL POSITION ADJUSTMENT 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 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

	Ⓐ Old Account	Ⓐ New Account	Ⓑ Series	Long Transfer	Short Transfer	Ⓒ O/C/N/D
1.	HK CABC C9001	HK CABC C1	HSIZ4	# 200		O
2.						
Justification: Ⓓ * <See 1 more attached page>						

Position Netting for the Same Series

	Ⓐ Account	Ⓑ Series	Net Down By
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 Mini-HSCEI Futures, HSCEI Options vs Mini-HSCEI Options)

	Ⓐ Account	Ⓑ Series A*	Long Net Down By	Short Net Down By	Ⓓ Series B*	Long Net Down By	Short Net Down By
1.	HK CABC C1	HSIV4	# 100		MHIV4		# 500
2.							

* 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

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

Name of Signatory(ies) : _____

Date

Please fill in all required particulars

Ⓐ 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

* 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]

Specimen of External Position Transfer Request Form

HKCC-Form 5

HKFE CLEARING CORPORATION LIMITED

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

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

Please fill in all
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 of
clearing account
name as
displayed in
DCASS

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :
---------------------------	-----------------------

Ⓑ Series name as
displayed in
DCASS

Details of Position to be transferred

	Ⓐ Old Account	Ⓐ New Account	Ⓑ Series	Long Transfer	Short Transfer	Ⓒ O/C/N/D
1.	HK CABC C9001	HK CDEF C2	HSIZ4	# 200		O
2.	HK CABC C2	HK CDEF C1	MHIV4			D
3.	HK CABC C2	HK CDEF C1	HHIV4	# 10	# 50	N

Ⓒ Please
indicate the effect
required.
Otherwise, “D” -
Default will be
assumed.

Justification: Ⓐ * <See 1 more attached page>

Confirmation from HKCC Participants involved

Parties Involved	Authorised Signatures	Contact Persons for the transfer
Transferring Participant HKCC Participant's Name : Date:	<div style="border: 2px solid red; padding: 10px; min-height: 150px;"> (with company chop, ONLY if it forms part of your signing instruction) Name of Signatory(ies) : </div>	Name : Phone No.:
Receiving Participant HKCC Participant's Name : Date:	<div style="border: 2px solid red; padding: 10px; min-height: 150px;"> (with company chop, ONLY if it forms part of your signing instruction) Name of Signatory(ies) : </div>	Name : Phone No.:

Ⓐ Please
provide 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

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

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,
 8 Connaught Place, Central, Hong Kong

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

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 “NTD” 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

Request for : positions in the same series

(a)	Date of Netting	Account	Series	Trade No.	Buy/Sell	Original Quantity of Net Down*
1.		HK CAB C1	HSIZ4	9229998181	Buy	100
2.						
Justification: (b) * <See 1 more attached page>						

Request 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)	Trade Date	Account	Series A**	Trade No.	Original Long Net Down*	Series B**	Trade No.	Original Short Net Down*
1.		HK CAB C1	HHIZ4	1895664	100	MCHZ4	1895690	500
2.								
Justification: (b)								

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

Name of Signatory(ies) : _____

 Date

Please fill in all required particulars

Ⓐ 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]

* 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.

Specimen of “On-Behalf Trade Adjustment Request Form”

SEOCH-Form A1

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

ON-BEHALF TRADE ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
Contact Person for This Request Form :		
Name :	Tel. No. :	
Position :	Fax No. :	

① Please provide the Trade Date, DCASS account name, series name, trade number, buy/sell side, prices and quantity

Details of Trade Adjustment

Original Trade Detail							Detail of Trade Rectified			
Trade Date	Account	Series	Trade No.	Buy /Sell	Price	Quantity	Account	Quantity	O/C/ N/D	Free text* ③
①	HK CABC A1	HEX85.00L4	2348587	B	50	10	HK CABC P1	10	O ②	

② Please indicate the effect required Otherwise, “D” - Default will be assumed

③ Please leave “Free text” blank

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

* The “Free text” field only allows a maximum of 15 characters including any spaces.

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

Date _____

Name of Signatory(ies) : _____

Specimen of “On-Behalf Trade Give up/Take up Request Form”

SEOCH-Form A2

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

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

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :				
Contact Person for This Request Form : <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name :</td> <td style="width: 40%;">Tel No. :</td> </tr> <tr> <td>Position :</td> <td>Fax No. :</td> </tr> </table>			Name :	Tel No. :	Position :	Fax No. :
Name :	Tel No. :					
Position :	Fax No. :					

On behalf Give-up Details

Detail of Original Trade										Detail of Give Up Trade (b)		
(a)	Trade Date	Account	Series	Trade No.	Buy / Sell	Price	Quantity	Participant / Account	Quantity	Free text*		
	1.	HK CABC A1	HEX85.00L4	2348515	S	50	10	HK CDEF A1	10			
	2.											
	3.											

(a) Please provide the
Trade Date, DCASS
account name, series
name , trade number,
buy/sell side, prices and
quantity

(b) Please leave “Free
text” blank

On Behalf Take-up Details

	Detail of Original Trade								Detail of Take Up Trade			(b)
(a)	Trade Date	Account	Series	Trade No.	GiveUp No.	Buy / Sell	Price	Quantity	Participant / Account	Quantity	O/C	Free text*
	1.	HK CABC A1	HEX85.00L4	2348520	8	S	50	50	HK CDEF A1	10	O	
	2.											
	3.											

* The "Free text" field only allows a maximum of 30 characters including any spaces.

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

Authorised Signature(s) of Give-up SEOCH Participant [with company chop, ONLY applicable if it forms part of your signing instruction] Name of Signatory(ies) : 	Authorised Signature(s) of Take-up SEOCH Participant [with company chop, ONLY applicable if it forms part of your signing instruction] Name of Signatory(ies) :
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Date

Specimen of “On-Behalf Average Price Trade Request Form”

SEOCH-Form A3

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

ON-BEHALF AVERAGE PRICE TRADE (APT) REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
Contact Person for This Request Form :		
Name :		Tel. No. :
Position :		Fax No. :

Please fill in all
required particulars

Details of Average Price Order (APO) Trades

Series : HEX85.00L4
 Buy / Sell : B
 Resulted APT will be allocated to : HK CABC A1
 Client Account No. (for reference only) : _____

① Please provide the
series name , buy/sell
side, resulting account
and client account
number

	Trade Number	Price	Quantity
1.	1201356	60	10
2.	1201360	70	20
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	Total Quantity		③ 30

② Please provide the
trade number, price and
quantity for APT trades

③ Please specify the
total quantity

* Average Price - The average price of the APT is computed by summing up the product of the execution prices and the respective quantity executed at those prices, dividing such sum by the total quantity under the APO trades.

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

 Date

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

Name of Signatory(ies) : _____

Specimen of “On-Behalf Internal Position Adjustment Request Form”

SEOCH-Form A4

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

ON-BEHALF INTERNAL POSITION ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
Contact Person for This Request Form :		
Name :	Tel. No. :	
Position :	Fax No. :	

① Name of clearing account name as displayed in DCASS

② Series name as displayed in DCASS

③ Please indicate the effect required
Otherwise, “D” - Default will be assumed

④ Please provide reason for the adjustment request

Details of Position Adjustment

Internal Position Account Transfer

	① Old Account	① New Account	② Series	Long Transfer	Short Transfer	O/C/N/D
1.	HK CABO A1	HK CABO P1	HEX100.00L4		# 200	③ O
2.						
3.						
Justification: ④ * <See 1 more attached page>						

* 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

Position Netting

	① Account	② Series	Net Down By
1.	HK CABO A1	HEX100.00L4	# 100
2.			
3.			
Justification: ④ * <See 1 more attached page>			

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

Name of Signatory(ies) : _____

Date _____

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

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

Please fill in all
required particulars

EXTERNAL POSITION TRANSFER REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
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Ⓐ Name of clearing
account name as
displayed in DCASS

Ⓑ Series name as
displayed in DCASS

Details of Position to be transferred

	Ⓐ Old Account	Ⓐ New Account	Ⓑ Series	Long Transfer	Short Transfer	Ⓒ O/C/N/D
1.	HK CABC A1	HK CDEF A1	HEX100.00L4		# 200	O
2.						
3.						

Justification: Ⓓ * <See 1 more attached page>

Ⓒ Please indicate the
effect required
Otherwise, “D” - Default
will be assumed

Ⓓ Please provide reason for
the adjustment request

Confirmation from Participants involved

Party Involved	Authorised Signature	Contact Person for the transfer
Transferor Participant SEOCH Participant's Name : DCASS Customer Code: Broker Firm ID :	<div style="border: 2px solid red; padding: 10px; min-height: 150px;"> <p>(with company chop, ONLY if it forms part of your signing instruction)</p> <p>Name of Signatory(ies) :</p> </div>	Name : Phone No.:
Transferee Participant SEOCH Participant's Name : DCASS Customer Code: Broker Firm ID :	<div style="border: 2px solid red; padding: 10px; min-height: 150px;"> <p>(with company chop, ONLY if it forms part of your signing instruction)</p> <p>Name of Signatory(ies) :</p> </div>	Name : Phone No.:

* 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]

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

ANNULMENT OF POSITION NETTING REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
Contact Person for This Request Form :		
Name :	Tel. No. :	
Position :	Fax No. :	

Ⓐ 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

Details of Position Netting to be annulled

Ⓐ	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	B	100	100
2.							
3.							
4.							
5.							
Justification: Ⓒ * <See 1 more attached page>							

Ⓑ 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

** The "Original Quantity of Net Down" should be the same quantity of previous position net down.*

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

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

Name of Signatory(ies) : _____

Date

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 Cover/ Decover Request Form”

SEOCH-Form A7

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

ON-BEHALF COVER / DECOVER REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
Contact Person for This Request Form :		
Name :	Tel. No. :	
Position :	Fax No. :	

Please fill in all
required particulars

Please tick the appropriate box and complete relevant details below:

☐ Please perform covering of position with details as follows :

Account	Series	Cover Request in no. of shares	Remark
HK CABC A1	HEX85.00L4	2000	
Total :		2000	

Please provide the DCASS
account, series, Number of
cover/de-cover shares, total
shares and remark (if
necessary)

☐ Please perform decovering of position with details as follows :

Account	Series	Decover Request in no. of shares	Remark
HK CABC P1	HEX90.00L4	2000	
Total :		2000	

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

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

Name of Signatory(ies) : _____

Date

Specimen of “On-Behalf Exercise/ Exercise adjustment Request Form”

SEOCH-Form A8

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

ON-BEHALF EXERCISE/EXERCISE ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
Contact Person for This Request Form :		
Name :	Tel. No. :	
Position :	Fax No. :	

① Please provide the DCASS account, series and no. of contracts to exercise

Please Input the following Exercise Request

	Account	Series	No. of Contracts to Exercise
① 1	HK CABC A1	HEX90.00L4	50
2			
3			
4			

② Please provide the DCASS account, series and no. of contracts exercised and the Exercise request number for rejecting the pending exercise request

Please Reject the following Pending Exercise Request

	Account	Series	No. of Contracts Exercised	Exercise req nbr
② 1	HK CABC A1	HEX90.00L4	20	7
2				
3				
4				

③ Please provide the DCASS account, series and no. of contracts to be denied from General Exercise

Please Deny the following from General Exercise

	Account	Series	New deny quantity (i.e. TOTAL no. of Contracts to be denied from general exercise)
③ 1	HK CABC A1	HEX90.00L4	15
2			
3			
4			

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

Name of Signatory(ies): _____

Date

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 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

Form Submission Deadline:

- 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 fill in all required particulars

ON-BEHALF EXERCISE CRITERIA INPUT REQUEST FORM

SEOCH Participant's Name :		DCASS Customer Code :	
Contact Person			
Name :		Tel. No. :	
Position :		Fax No. :	

Please tick “✓” in the appropriate box below:

☐ Creation

☐ Deletion^{##}

☐ Modification of Exercise Criteria^{##}

Details of Exercise Criteria

	DCASS Account	Stock Call Option (✓ if applicable)	Stock Put Option (✓ if applicable)	LIMIT UNIT (% or Fixed Value)	LIMIT ^{^^}
E.g.	HK CABC A1	✓	✓	%	1.8000%
E.g.	HK CABC P1	✓	✓	Fixed Value	HKD 3.000
1.					
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

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

Name of Signatory(ies): _____

Updated: May 2019

Date

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

Last updated date 05/2019