
Cancellation Form
Appointment of Settlement Agent

TO: Clearing Participant Admin. & Services
Clearing Operations
Hong Kong Securities Clearing Company Limited
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong

1. Participant's Particulars

Participant ID: _____ Participant Name: _____

Contact Person: _____ Title: _____

Tel No: _____ Fax No: _____ Email : _____

Name of the Settlement Agent: _____

Cancellation Effective Date (Trade Date): _____

Last CCASS Access Date: _____

For and on behalf of
the Participant:

For and on behalf of
the Settlement Agent:

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

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

Name of Signatory(ies): _____

Name of Signatory(ies): _____

Date: _____

Date: _____

For Office Use Only

Signature Verified by:

Date:

Checked by:

Date:

Approved by:

Date: