

THE SEHK OPTIONS CLEARING HOUSE LIMITED

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ON-BEHALF TRADE ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :
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Contact Person for This Request Form :

Name :	Tel. No. :
Position :	Fax No. :

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*

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

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

 Date

Name of Signatory(ies) : _____