

Change of Designated / Settlement Bank Account Form

To: Clearing Participant Admin. & Services
30/F, One Exchange Square,
8 Connaught Place, Central,
Hong Kong

Email: CDCO_CAS@hkex.com.hk
Fax: 2590 7000

From: _____

(Full Name of Participant)

DCASS Customer Code: |_|_|_|_|

Contact Person: _____

Tel: _____ Fax: _____

Please tick "✓" in appropriate box

The SEHK Options Clearing House Limited HKFE Clearing Corporation Limited

Details of Change

1. HOUSE ACCOUNT / CLIENT ACCOUNT / MARKET MAKER ACCOUNT (_____)

From: Bank Name : _____

Bank Account No. :	Bank No.	Branch No.	HK\$ / US\$ / RMB * Account No.
	_ _ _	_ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

To : Bank Name : _____

Bank Account No. :	Bank No.	Branch No.	HK\$ / US\$ / RMB * Account No.
	_ _ _	_ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

2. HOUSE ACCOUNT / CLIENT ACCOUNT / MARKET MAKER ACCOUNT (_____)

From: Bank Name : _____

Bank Account No. :	Bank No.	Branch No.	HK\$ / US\$ / RMB * Account No.
	_ _ _	_ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

To : Bank Name : _____

Bank Account No. :	Bank No.	Branch No.	HK\$ / US\$ / RMB * Account No.
	_ _ _	_ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

* Please delete where appropriate

Note: Please submit the Direct Debit Mandate(s) of the Designated / Settlement Bank (for HKCC / for SEOCH) together with this form. It will take about three weeks for bank to process your request.

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

Date

Name of Signatory(ies) : _____

For Office Use Only			
Date Received:	Date DDM Sent to Bank:	Bank Confirmation Rec'd	Agreed Effective Date:
	Reference:	Date:	
Signature(s) Verified by:	Maker:	Checker:	