

**CCASS / CCMS SDNet Line Service Notification Form for
HKSCC / HKCC / SEOCH Participants / HKSCC Designated Banks**

To : Clearing Operations – Operations Support & Security Administration
30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong
Fax: (852) 2815-6115 Email: OSSA_eFax@hkex.com.hk CCASS Hotline: (852) 2979-7111
From : Participant ID / Bank ID :

_____ (Full Name of Participant / Designated Bank) HKSCC HKCC SEOCH

We hereby notify HKSCC / HKCC / SEOCH that we have submitted the prescribed application / order form to the Accredited Vendor for the following SDNet line service(s).

| New line installation | |
|---|--|
| 1. Name of Accredited Vendor: | <input type="checkbox"/> HGC <input type="checkbox"/> HKT <input type="checkbox"/> WTT |
| 2. Circuit Purpose: | <input type="checkbox"/> Production Link <input type="checkbox"/> Testing Link (for CCASS Participant Gateway testing) |
| 3. Circuit Type: | <input type="checkbox"/> Single Link Connection <input type="checkbox"/> Dual Link Connection |
| 4. Bandwidth: | <input type="checkbox"/> 1M <input type="checkbox"/> 2M <input type="checkbox"/> Other: _____ |
| Sets of Circuits to be installed: _____ (Dual Link is 1 set of circuit.) Tentative Installation Date: _____ | |
| Installation Address(es): _____ | |
| (Please use separate form for different installation address) | |

| Termination, relocation, reconfiguration, change of line ownership or change of Accredited Vendor | |
|--|--|
| 1. Name of Accredited Vendor: | <input type="checkbox"/> HGC <input type="checkbox"/> HKT <input type="checkbox"/> WTT |
| 2. Circuit Purpose: | <input type="checkbox"/> Production Link <input type="checkbox"/> Testing Link (for CCASS Participant Gateway testing) |
| 3. Circuit Number: | _____ (Dual Link will have 2 circuit numbers.) |
| 4. Service Modification Type: | <input type="checkbox"/> a. Termination <input type="checkbox"/> b. Internal Relocation <input type="checkbox"/> c. External Relocation <input type="checkbox"/> d. Bandwidth Upgrade/ Downgrade to: <input type="checkbox"/> 1M <input type="checkbox"/> 2M <input type="checkbox"/> Other: _____ <input type="checkbox"/> e. Circuit Upgrade/Downgrade: <input type="checkbox"/> Downgrade to Single Link <input type="checkbox"/> Upgrade to Dual Link <input type="checkbox"/> f. Change of Accredited Vendor to: <input type="checkbox"/> HGC <input type="checkbox"/> HKT <input type="checkbox"/> WTT <input type="checkbox"/> g. Change of Line Ownership: Transferee: _____ Participant ID: _____ |
| _____ Authorized Signatory(ies) of Transferee (with company chop, ONLY applicable if it forms part of your signing instruction) (Name of signatory(ies): _____) | |
| 5. Current Address: | _____ |
| 6. New Address for Relocation: | _____ |
| 7. Tentative Date for Service Modification: | _____ |

Signed for and on behalf of the Participant:

Authorized Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction) Date: _____
(Name of signatory(ies): _____)
Contact Person: _____ Email Address: _____
Phone No.: _____ Mobile No.: _____ Fax No.: _____

| For Office Use Only | | |
|---------------------|----------------------|---------------------|
| Signature Verified: | Faxed / Email to IT: | CDCO-OSSA Control # |