



香港交易所

OTC Clearing Hong Kong Limited (“OTC Clear”)

**Information of Client’s Replacement Clearing Member and Settlement Instruction**

To: OTC Clear Clearing Operations  
21/F, One Exchange Square  
8 Connaught Place  
Central, Hong Kong

From: \_\_\_\_\_  
\_\_\_\_\_  
(Full name of Client)

Tel: 2211 6508  
Fax: 2427 1122

**Part I: Company Particulars**

Name of client: \_\_\_\_\_  
Country of Incorporation: \_\_\_\_\_  
Registered office address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person for Clearing: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Part II: Information of clearing broker appointed**

Full Name of clearing broker: \_\_\_\_\_

**Part III: Appointment of Replacement Clearing Member**

- Please tick “✓” in the appropriate box

Have you appointed a Replacement Clearing Member for default management purpose?

- Yes → (Please fill in the details as shown in **Part IV, V and VI**)
- No → (Please fill in the details as shown in **Part V and VI**)

**Part IV: Details of Replacement Clearing Member**

Name of Replacement Clearing Member: \_\_\_\_\_  
Appointment date of Replacement Clearing Member: \_\_\_\_\_  
Expiry date of appointment (if applicable): \_\_\_\_\_

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**Part V: Client Standard Settlement instruction ("SSI")**

- Please tick "✓" in the appropriate box and provide the SSI information for the relevant currencies / non-cash instrument.

Settlement Currency	SSI
<input type="checkbox"/> HKD	
<input type="checkbox"/> USD	
<input type="checkbox"/> EUR	
<input type="checkbox"/> CNH	
<input type="checkbox"/> Non-cash Collateral	

**Part VI: Acknowledgment**

- Please tick "✓" in the box to confirm your acknowledgment of the disclaimer from OTC Clear

Disclaimer:

- The Client is required to update OTC Clear timely and continuously on any changes of the details shown in this form.
- OTC Clear will in best endeavour handle the default management process of client portfolio under the information given but should not be liable on any claims due to errors arising from the receipt of incomplete, inaccurate or untimely information from the Client

- This is to confirm we, **(the Client)**

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acknowledge the information of the disclaimer.

**Information of Client's Replacement Clearing Member and Settlement Instruction**

\_\_\_\_\_  
Authorized Signature(s) and Company Chop

\_\_\_\_\_  
Date

(Name of Signatories: \_\_\_\_\_ )

For Office Use Only				
Received Date:	Verified by: Date:	Approved by: Date:	Checked by: Date:	Effective Date:
For Office Use Only				