

Request for Full Portfolio Porting Form

To: OTC Clear Clearing Operations		Date: _____
21/F, One Exchange Square		From: _____
8 Connaught Place		_____
Central, Hong Kong		(Full name of Clearing Member)
Tel: 2211 6508	OCASS Clearing Member ID:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Fax: 2427 1122	Contact Person:	_____
	Tel:	_____
	Fax:	_____

Terms used in this form are as defined in OTC Clear Rates and FX Derivatives Clearing Rule unless defined herein

We (Transferee Clearing Member) have received a request from (Client) for a Full Portfolio Porting from (Transferor Clearing Member) to us. We hereby request the porting of all Contracts which are registered on behalf of such Client in the Transferor Clearing Member's Client Position Account to our Client Position Account relating to such Client in accordance with the relevant provisions in the Clearing Rules and Clearing Procedures.

Please check the relevant box as below to indicate whether the Client wishes to transfer any Collateral which is registered on behalf of such Client in the Transferor Clearing Member's Client Collateral Account relating to such Client.

- The Client wishes to transfer the Collateral which is registered on behalf of such Client in the Transferor Clearing Member's Client Collateral Account to the Transferee Clearing Member's Client Collateral Account relating to such Client.

 - The Client does NOT wish to transfer any Collateral which is registered on behalf of such Client in the Transferor Clearing Member's Client Collateral Account to the Transferee Clearing Member's Client Collateral Account relating to such Client.
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Part I: Signatories for and on behalf of the Transferee Clearing Member:

We acknowledge and confirm the above and are authorized to sign for and on behalf of the Transferee Clearing Member.

Authorized Signature(s) and Company Chop

Date

(Name of Signatories: _____)

Part II: Signatories for and on behalf of the Client:

To: Transferee Clearing Member

We acknowledge and confirm:

- (i) the request to transfer as detailed herein;
- (ii) that OTC Clear will contact our Transferor Clearing Member in relation to this porting and will disclose our identity to such Transferor Clearing Member.
- (iii) that, in accordance with the Clearing Rules, OTC Clear is entitled to rely conclusively on the instructions and information received from the Transferor Clearing Member and the Transferee Clearing Member and shall have no liability or responsibility therefor.
- (iv) that the porting detailed above may require that additional collateral be transferred to OTC Clear, and that OTC Clear is not required to effect the porting if it has not received adequate collateral in respect of the porting or if any of the other conditions set forth in Clearing Rules applicable to porting are unsatisfied.
- (v) that we are authorized to make these acknowledgments and confirmations and do so on behalf of the Client listed above.

For and on behalf of the Client:

Authorized Signature(s) and Company Chop

Date

(Name of Signatories: _____)

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