

Transferor Clearing Member Reply Form (Full Portfolio Porting)

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

Tel: 2211 6508
Fax: 2427 1122

Date: _____
From: _____

(Full name of Clearing Member)

OCASS Clearing Member ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
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, (Transferor Clearing Member) have received a notification from OTC Clear in relation to a request from (Client) for a Full Portfolio Porting. We are writing to inform you that:

Please check the box where applicable

We object to such request for Full Portfolio Porting because

We do not object to such request for Full Portfolio Porting

We do not object to such request for Full Portfolio Porting and please find the details of all Collateral which is registered on behalf of such Client in our Client Collateral Account as follows (**Please append a list of additional Collateral to this form, if required):

Cash Collateral

Currency	Amount

Non-Cash Collateral

Type of Non-Cash Collateral	ISIN Code	Quantity

Signatories for and on behalf of the Transferor Clearing Member:

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

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				