

Change of Company Particulars and Contact Persons Form

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

From: _____

(Full name of Clearing Member)

Tel: 2211 6508
Fax: 2427 1122

OCASS Clearing Member ID: _____

Contact Person: _____

Tel: _____ Fax: _____

Part I – Basic Information

Account Type (Please check the box)	<input type="checkbox"/> House <input type="checkbox"/> Client
OCASS Client ID (applies if account type is “client”)	

Part II – Details of Contact Person

Please tick “✓” in the appropriate box

- Change of Correspondence Address to : _____ Effective date: _____
- Change of Office Telephone No. to : _____ Effective date: _____
- Change of Fax No. to : _____ Effective date: _____
- New Contact Person List

1.	Name	: Mr/Ms	Work Stream		Receiving notification of OASIS system status
	Title	:	Trade Processing	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone No.	: Office:	Settlement	<input type="checkbox"/>	
		: Mobile:	Regulatory Reporting	<input type="checkbox"/>	Receiving notification of Margin Call
	Email Address:		Trading	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name	: Mr/Ms	Work Stream		Receiving notification of OASIS system status
	Title	:	Trade Processing	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone No.	: Office:	Settlement	<input type="checkbox"/>	
		: Mobile:	Regulatory Reporting	<input type="checkbox"/>	Receiving notification of Margin Call
	Email Address:		Trading	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name	: Mr/Ms	Work Stream		Receiving notification of OASIS system status
	Title	:	Clearing	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone No.	: Office:	Settlement	<input type="checkbox"/>	
		: Mobile:	Regulatory Reporting	<input type="checkbox"/>	Receiving notification of Margin Call
	Email Address:		Trading	<input type="checkbox"/>	<input type="checkbox"/>

If you required more space, please add additional pages containing the appropriate section, complete and submit it with the form.

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Details of IT Contact Person

1.	Name	:	Mr/Ms		
	Title	:			
	Telephone No.	:	Office:		Email Address:
			Mobile:		
2.	Name	:	Mr/Ms		
	Title	:			
	Telephone No.	:	Office:		Email Address:
			Mobile:		
3.	Name	:	Mr/Ms		
	Title	:			
	Telephone No.	:	Office:		Email Address:
			Mobile:		
4.	Name	:	Mr/Ms		
	Title	:			
	Telephone No.	:	Office:		Email Address:
			Mobile:		
5.	Name	:	Mr/Ms		
	Title	:			
	Telephone No.	:	Office:		Email Address:
			Mobile:		

If you required more space, please add additional pages containing the appropriate section, complete and submit it with the form.

By signing below, we consent to the processing of personal data in accordance with the Privacy Policy Statement included in this form.

Authorised Signature(s) and Company Chop
(Name of Signatories: _____)

Date

For Office Use Only				
Date Received:	Processed by:	Reviewed by:	Copy sent to archiving:	Effective Date:
	Date:	Date:	Date:	