

OTC Clearing Hong Kong Limited (“OTC Clear”)

ATRS identifier maintenance form

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

Tel: 2211 6508
Fax: 2427 1122

From: _____

(Full name of Clearing Member)

OCASS Clearing Member ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Contact Person: _____
Tel: _____
Fax: _____

Please tick “✓” in the appropriate box

We use below system for our trade submission to OTC Clear.

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 – Approved Trade Registration System (ATRS)

Request Type: Add new Identifier Amend the existing Identifier

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | MarkitWire Identifier: _____ |
| <input type="checkbox"/> | DSMatch Identifier: _____ |
| <input type="checkbox"/> | Traiana Identifier: _____ |

Authorised Signature(s) and Company Chop

Date

(Name of Signatories: _____)

| For Office Use Only | | |
|---------------------|--------------|-------------|
| Verified by: | Approved by: | Checked by: |
| Date: | Date: | Date: |