

OTC Clearing Hong Kong Limited (“OTC Clear”)
Use of Excess Margin Collateral to Cover Stress Loss

To: OTC Clear Clearing Risk Management 21/F, One Exchange Square 8 Connaught Place Hong Kong Tel: 2211 6753 Fax: 2427 1122	OCASS Clearing Member ID (If available): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name of Contact Person: _____ Tel: _____ Fax: _____ Email: _____	From: _____ _____ (Full name of Clearing Member)
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We hereby apply for the following:

Account Type ¹ (Please check the box)	<input type="checkbox"/> House	<input type="checkbox"/> Client	<input type="checkbox"/> SSM
Account Name (applies if account type is “client”)			
Purpose (Please check the box)			
<input type="checkbox"/> Include our excess margin collateral into our stress loss calculation pursuant to Clearing Rules [1218A]. We understand that by choosing the option to include the excess margin collateral into stress loss calculation, the excess collateral could only be withdrawn by giving a 3-day advance notice to OTC Clear.	<input type="checkbox"/> Exclude our excess margin collateral from our stress loss calculation		
Remarks			
Please note OTC Clear requires 5 business days prior to the effective date to process the selected option.			

_____ Authorized Signature(s)	_____ Authorized Signature(s)
(Name of Signatories: _____)	(Name of Signatories: _____)

<i>For Office Use Only</i>	
<i>Reviewed by:</i> <i>Date:</i>	<i>Approved by:</i> <i>Date:</i>

¹ The selected option is applicable to each “Position Account” only.