



OTC Clearing Hong Kong Limited ("OTC Clear")

Request for Change of Compression Service

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: _____

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 – Request for Change of Compression Service

We request to make the following changes to the compression service as specified below:

Instrument	Request
Solo Compression	<input type="checkbox"/> To Subscribe <input type="checkbox"/> To Unsubscribe
	Request to opt to synchronization type as specified below: <input type="checkbox"/> Netting Synchronization* <input type="checkbox"/> Manual Synchronization
Vendor Compression	<input type="checkbox"/> To Subscribe <input type="checkbox"/> To Unsubscribe
	Request to opt to synchronization type as specified below: <input type="checkbox"/> Netting Synchronization* <input type="checkbox"/> Manual Synchronization

Note: The change request will be processed within 7 calendar days and OTC Clear will notify the requester via email on the result of the request.

Authorised Signature(s) and Company Chop

Date

(Name of Signatories: _____)

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

*Clearing Members subscribed to Netting Synchronization are required to subscribe to the Netting Synchronization provided by ATRS.