



香港交易所

OTC Clearing Hong Kong Limited ("OTC Clear")

Client Onboarding Request 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: _____
Email: _____
Fax: _____

Terms used in this form are as defined in OTC Clear Rates and FX Derivatives Clearing Rule unless defined herein

Part I: Client Information:

Name of the client : _____
Country of Incorporation: _____
Business Registration Number: _____
(Please attach copy of business registration certificate)
Registered office address: _____
Legal Entity Identifier (LEI): _____
SWIFT BIC Code: _____
Contact Person for Clearing (Front Office): _____
Position: _____
Telephone number: _____
Email address _____
Contact Person for Clearing (Operations): _____
Position: _____
Telephone number: _____
Email address _____

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Part II: Affiliate¹ relationship between Clearing Member and Client:

- Please tick “✓” in the appropriate box

Q1. Please advise if there is any Affiliate relationship between the Clearing Member and the Client:

- Yes, the Client is an affiliate or a subsidiary of the Clearing Member with a shareholding of _____%.
- No, there isn't any affiliate or subsidiary relationship between the Client and the Clearing Member.

Q2. Does such client of Clearing Member fall within as “proprietary account”² from anyone of Clearing Member who is (i) U.S. Persons³, (ii) Futures Commission Merchant (“FCM”)⁴ or (iii) an affiliate of FCM?

- Yes
- No

Information provided in Part III, Q1 & Q2 are in pursuant for OTC Clear Clearing Rules 401 (14A) – (14D), 401(15) & 401 (26)

Part III: Type of Client Clearing Accounts

- Please advise the client account type applicable to the client and tick “✓” in the appropriate box

- Individual Segregated Account (OTC Clear will advise the short name after the account creation)
- Individual Segregated Account- Sponsored Settlement Member (OTC Clear will advise the short name after the account creation)
- Omnibus Account
- Create New Omnibus Account (OTC Clear will advise the short name after the account creation)
- Group to existing Omnibus Account

Name of existing Omnibus Account: _____

Part IV: Acknowledgment from Clearing Member

By signing on this form, we (Clearing Member),

confirmed that we have delivered the Client Clearing Services Notice to the Client,

¹ Affiliate means, with respect to any specified Person, any other Person that Controls, is controlled by, or is under common Control with, such Specified Person. For the avoidance of doubt, Control here means any Person or entity who is entitled to exercise or control the exercise of 35% or more of the voting power at general meetings of the other entity or Person, or who is in a position to control the composition of a majority of the board of directors of the other entity or Person.

² Proprietary account means, as term defined in Commodity Futures Trading Commission (“CFTC”) Regulation - Code of Federal Regulations, Title 17, Chapter I, 1.3(y).

³ Set forth in the Commission's Interpretive Guidance and Policy Statement Regarding Compliance With Certain Swap Regulations, 78 Fed. Reg. 45,292, 45,316-17 (July 26, 2013).

⁴ FCM means, as term defined in Commodity Futures Trading Commission (“CFTC”) Regulation - Code of Federal Regulations, Title 17, Chapter I, 1.3(p).

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and have undertaken to do all such things as OTC Clear may from time to time reasonably require to ensure that the Client is informed of the nature, costs and risks of the Client Clearing Services (Including each Client Clearing Category). We have also notified the Client that the Client may not have a claim against OTC Clear for the payment of the Client Entitlement pursuant to the Clearing Rules (in the case the Clearing Broker is a Rule-Based Clearing Member) or the terms of the Security Assignment Deed.

Part V: Acknowledgment from Client to Clearing Member

To: Clearing Member

We acknowledge and confirm that the information provided from Clearing Member on behalf of us is accurate.

For and on behalf of Client:

Authorized signatory

Authorized signatory

Part VI: Signatories for and on behalf of Clearing Member

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

Authorized Signature(s) and Company Chop

Date

(Name of Signatories: _____)

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