



OTC Clearing Hong Kong Limited (“OTC Clear”)

Request for porting of Contracts and Collateral amongst Client Accounts

To: OTC Clear Clearing Operations
30/F, One Exchange Square
8 Connaught Place Central,
Hong Kong
Date:
From:
(Full name of Clearing Member)
Tel: 2211 6508 OCASS Clearing Member ID:
Fax: 2427 1122 Contact Person:
Tel:
Fax:

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

We (Transferee Clearing Member) have received a request from (Client) for porting of Contracts and Collateral amongst Client Accounts held with us. We hereby request the porting of (i) all Contracts registered on behalf of such Client in our Client Position Account from (the “original Client Position Account”) to (the “new Client Position Account”) and (ii) all Collateral registered on behalf of such Client in our Client Collateral Account from (the “original Client Collateral Account”) to (the “new Client Collateral Account”) in accordance with the relevant provisions in the Clearing Rules and Clearing Procedures.

Part I: Signatories for and on behalf of the Transferee Clearing Member:

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

Authorized Signature(s) and Company Chop Date
(Name of Signatories:)

Part II: Signatories for and on behalf of the Client:

To: Transferee Clearing Member

We acknowledge and confirm:

- (i) the request to transfer as detailed herein;
- (ii) that, in accordance with the Clearing Rules, OTC Clear is entitled to rely conclusively on the instructions and information received from the Transferee Clearing Member and shall have no liability or responsibility therefor.
- (iii) that the porting detailed above may require that additional collateral be transferred to OTC Clear, and that OTC Clear is not required to effect the porting if it has not received adequate collateral in respect of the porting or if any of the other conditions set forth in Clearing Rules applicable to porting are unsatisfied.
- (iv) that we are authorized to make these acknowledgments and confirmations and do so on behalf of the Client listed above.

For and on behalf of the Client:

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				