

OTC Clearing Hong Kong Limited ("OTC Clear")

Request for Full Portfolio Porting Form

30/F 8 Cc	C Clear Clearing Operations F, One Exchange Square onnaught Place Central,		om:	name of Clearing M	
Tel:	2211 6508 22427 1122	T F	son: Геl: Зах:		
••••••	Terms used in this form are as defined in	n OTC Clear Rates and FX Derivative			••••••
from . from . request th Member's the releva	ne porting of all Contracts which Client Position Account to oun on the provisions in the Clearing Research	(Client) f(Transferor th are registered on behalf r Client Position Account re	for a F Clearing Mer of such Client elating to such	Full Portfolio mber) to us. We t in the Transferor n Client in accorda	Porting hereby Clearing nce with
	on behalf of such Client in the				
	The Client wishes to transfe Transferor Clearing Member Client Collateral Account rela	r's Client Collateral Accour			
	The Client does NOT wish to in the Transferor Clearing Member's Client Collateral A	Member's Client Collatera	al Account to		



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 OTC Clear will contact our Transferor Clearing Member in relation to this porting and will disclose our identity to such Transferor Clearing Member.
- (iii) that, in accordance with the Clearing Rules, OTC Clear is entitled to rely conclusively on the instructions and information received from the Transferor Clearing Member and the Transferee Clearing Member and shall have no liability or responsibility therefor.
- (iv) 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.
- (v) 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:	Approved by:	Checked by:	Effective Date:				
	Date:	Date:	Date:					
For Office Use Only								