

**Transferee Clearing Member Reply Form (Full Portfolio Porting)**

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  
 Fax: 2427 1122

OCASS Clearing Member ID: | | | | | | | | | | | | | | | | | | | |  
 Contact Person: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

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

In respect of the request for a Full Portfolio Porting relating to ..... (Client)  
 dated ....., please find our decision as follows:

*Please check the box where applicable*

- We do not want to proceed with such Full Portfolio Porting.
  
- We agree to recognize each Contract which is registered on behalf of such Client in the Transferor Clearing Member’s Client Position Account in OTC Clear’s record and proceed with such Full Portfolio Porting to receive each Contract; and  
  
 in respect of the Collateral which is registered on behalf of such Client in the Transferor Clearing Member’s Client Collateral Account:
  - We do not elect any Collateral which is registered on behalf of such Client in the Transferor Clearing Member’s Client Collateral Account to be transferred to our Client Collateral Account relating to such Client.
  
  - Please find the Collateral to be transferred to our Client Collateral Account relating to such Client as follows (\*\*Please append a list of additional Collateral to this form, if required):

**Cash Collateral**

Currency	Amount


**Non-Cash Collateral**

Type of Non-Cash Collateral	ISIN Code	Quantity

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: \_\_\_\_\_ )

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