



香港交易所

OTC Clearing Hong Kong Limited ("OTC Clear")

Request for Partial Portfolio Porting Form

To: OTC Clear Clearing Operations		Date: _____
21/F, One Exchange Square		From: _____
8 Connaught Place		_____
Central, Hong Kong		(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 a Partial Portfolio Porting from (Transferor Clearing Member) to us. We hereby request the porting of each Contract which is indicated in the following table (and additional list if applicable) and registered on behalf of such Client in the Transferor Clearing Member’s Client Position Account to our Client Position Account relating to such Client in accordance with the relevant provisions in the Clearing Rules and Clearing Procedures.

Please specify the OTC Clear reference number (and the relevant ATRS reference number) of each Contract for Partial Portfolio Porting in the following table (**Please append a list of additional Contract to this form, if required):

OTC Clear Reference Number	ATRS Reference Number

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				