

**CCASS / CCMS SDNet Line Service Notification Form for
HKSCC / HKCC / SEOCH Participants / HKSCC Designated Banks**

To : Clearing Operations – Operations Support & Security Administration
30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong
Fax: (852) 2815-6115 Email: OSSA_eFax@hkex.com.hk CCASS Hotline: (852) 2979-7111

From : _____ Participant ID / Bank ID :

(Full Name of Participant / Designated Bank) HKSCC HKCC SEOCH

We hereby notify HKSCC / HKCC / SEOCH that we have submitted the prescribed application / order form to the Accredited Vendor for the following SDNet line service(s).

New line installation	
1. Name of Accredited Vendor:	<input type="checkbox"/> HGC ¹ <input type="checkbox"/> HKT <input type="checkbox"/> HKBNES
2. Circuit Purpose:	<input type="checkbox"/> Production Link <input type="checkbox"/> Testing Link (for CCASS Participant Gateway testing)
3. Circuit Type:	<input type="checkbox"/> Single Link Connection <input type="checkbox"/> Dual Link Connection
4. Bandwidth:	<input type="checkbox"/> 1M <input type="checkbox"/> 2M <input type="checkbox"/> Other: _____
Sets of Circuits to be installed: _____ (Dual Link is 1 set of circuit.) Tentative Installation Date: _____	
Installation Address(es): _____	
(Please use separate form for different installation address)	

Termination, relocation, reconfiguration, change of line ownership or change of Accredited Vendor	
1. Name of Accredited Vendor:	<input type="checkbox"/> HGC ¹ <input type="checkbox"/> HKT <input type="checkbox"/> HKBNES
2. Circuit Purpose:	<input type="checkbox"/> Production Link <input type="checkbox"/> Testing Link (for CCASS Participant Gateway testing)
3. Circuit Number:	_____ (Dual Link will have 2 circuit numbers.)
4. Service Modification Type:	<input type="checkbox"/> a. Termination <input type="checkbox"/> b. Internal Relocation <input type="checkbox"/> c. External Relocation <input type="checkbox"/> d. Bandwidth Upgrade/ Downgrade to: <input type="checkbox"/> 1M <input type="checkbox"/> 2M <input type="checkbox"/> Other: _____ <input type="checkbox"/> e. Circuit Upgrade/Downgrade: <input type="checkbox"/> Downgrade to Single Link <input type="checkbox"/> Upgrade to Dual Link <input type="checkbox"/> f. Change of Accredited Vendor to: <input type="checkbox"/> HGC ¹ <input type="checkbox"/> HKT <input type="checkbox"/> HKBNES <input type="checkbox"/> g. Change of Line Ownership: Transferee: _____ Participant ID: _____
_____ Authorized Signatory(ies) of Transferee (with company chop, ONLY applicable if it forms part of your signing instruction) (Name of signatory(ies): _____)	
5. Current Address:	_____
6. New Address for Relocation:	_____
7. Tentative Date for Service Modification:	_____

¹HGC will cease to be a SDNet/2 Accredited Vendor effective from 1st May 2020 and will continue to provide SDNet/2 services up to 30th April 2020.
Signed for and on behalf of the Participant:

Authorized Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction)
(Name of signatory(ies): _____) Date: _____

Contact Person: _____ Email Address: _____

Phone No.: _____ Mobile No.: _____ Fax No.: _____

For Office Use Only		
Signature Verified:	Faxed / Email to IT:	CO-OSSA Control #