

Change of Account Information Form (for Non-Investor Participant or Designated Bank)

Please allow three business days for HKSCC to process your change request and update its records.

To: Clearing Participant Admin. & Services
Clearing Operations
Hong Kong Securities Clearing Co Ltd
30/F, One Exchange Square
8 Connaught Place, Central
(CCASS Hotline : 2979-7111)

Email: CDCO_CAS@hkex.com.hk
Fax: 2590-7000

From: _____

(Full Name of Participant or Designated Bank)

Participant or Bank ID: _____

Effective Date : _____
(DD/MM/YYYY)

(Contact Person)

(Tel No.)

(Email)

Details of Change (Please tick "✓" in appropriate box)

New Correspondence Address: _____

New Tel. No. (General Line): _____ New Fax No.: _____

New Designated Officer: (* Please delete as appropriate)

Name in English: * Mr / Ms _____

Name in Chinese (if any): _____
(Compulsory field for Designated Bank)

Title in English: _____

Title in Chinese (if any): _____
(Compulsory field for Designated Bank)

Tel. No.: (Direct) _____

Email: _____

New Alternate Designated Officer:

Name in English: * Mr / Ms _____

Name in Chinese (if any): _____

Title in English: _____

Title in Chinese (if any): _____

Tel. No.: (Direct) _____

Email: _____

Request for Data Download Service in CCASS (Not Applicable to Designated Bank)

(Please note that the sample data files together with the files layout are available for downloading via the HKEX Website at http://www.hkex.com.hk/Services/Clearing/Securities/Infrastructure/CCASS-3-Terminal/CCASS-and-CCMS-Terminal-User-Guide-for-Participant/4,-d-,4-Report-Data-Files-Layout?sc_lang=en)

Update of Bank Identifier Code (BIC)#

Bank Code			Country Code		Location Code		

New Change Delete

BIC is either 8 or 11 characters. Apart from a 4-character Bank Code, 2-character Country Code and 2-character Location Code, there is also a 3-character Branch Code which is optional. Participants do not need to fill in the Branch Code.

Signed by the Participant or Designated Bank:

Authorised Signature(s)
(with company chop, ONLY applicable if it forms part of your signing instruction)

Date Signed

Name of Signatory(ies): _____

For Office Use Only

Date Received:		Part. Master Input / Dbase Updated:	Emailed to CT-PS: (for Custodian / Bank GCP / Designated Bank only)	Report Checked by:	Form Scanned by:	Form Verified by:
Signature Verified & Diary Updated by:	Reviewed by:	Maker: Checker:	Date:	Date:	Date:	Date: