

REPORT REPRINT REQUEST FORM

To : Clearing Participant Admin. & Services
Clearing Operations
Hong Kong Securities Clearing Company Limited
30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong
Fax: (852) 2590-7000 Email: CDCO_CAS@hkex.com.hk

CCASS Hotline : 2979-7111

Ref. No.: _____

Full Name of Participant or Designated Bank: _____					
Participant or Bank ID: _____		Contact Person: _____		Tel No.: _____	
Report Name	Report Date (DD/MM/YY)	*Trade Date (DD/MM/YY)	A-Share Market (Please tick "✓" as appropriate)	No. of Copies	Remarks
Signed by the Participant or Designated Bank: _____ Authorised Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction) Name of Signatory(ies): _____			For Office Use Only		
			Date Received / Signature Verified & Processed by: _____ Date: _____ Reviewed by: _____ Date: _____ Form Scanned by: _____ Date: _____ Form Verified by: _____ Date: _____		

* For Provisional Clearing Statement and Final Clearing Statement Only