

**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](mailto: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	
<b>1. Name of Accredited Vendor:</b> <input type="checkbox"/> HKT <input type="checkbox"/> HKBNES <b>2. Circuit Purpose:</b> <input type="checkbox"/> Production Link <input type="checkbox"/> Testing Link (for CCASS Participant Gateway testing) <b>3. Circuit Type:</b> <input type="checkbox"/> Single Link Connection <input type="checkbox"/> Dual Link Connection <b>4. Bandwidth:</b> <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	
<b>1. Name of Accredited Vendor:</b> <input type="checkbox"/> HKT <input type="checkbox"/> HKBNES <b>2. Circuit Purpose:</b> <input type="checkbox"/> Production Link <input type="checkbox"/> Testing Link (for CCASS Participant Gateway testing) <b>3. Circuit Number:</b> _____ (Dual Link will have 2 circuit numbers.) <b>4. Service Modification Type:</b> <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"/> HKT <input type="checkbox"/> HKBNES <input type="checkbox"/> g. Change of Line Ownership: Transferee: _____ Participant ID: _____  <div style="text-align: center; margin-top: 20px;">           _____            Authorized Signatory(ies) of Transferee (with company chop, ONLY applicable if it forms part of your signing instruction)            (Name of signatory(ies): _____ )         </div>	
<b>5. Current Address:</b> _____ <b>6. New Address for Relocation:</b> _____ <b>7. Tentative Date for Service Modification:</b> _____	

Signed for and on behalf of the Participant:

\_\_\_\_\_  
Authorized Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction)    Date: \_\_\_\_\_  
(Name of signatory(ies): \_\_\_\_\_ )  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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