HKEx 香港交易所

HKFE CLEARING CORPORATION LIMITED

7/F Infinitus Plaza	Fax: 2868 0134
199 Des Voeux Road Central	Tel: 2211 6932
Hong Kong	

FORM 1 :	ON-BEHALF TRADE ADJUSTMENT REQUEST FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Details of Trade Adjustment

	Original Trade Detail							Detail of Trade Rectified			
	Trade Date	Account	Series	Trade No.	Buy /Sell	Price	Quantity	Account	Quantity	O/C/ N/D	Free text*
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

The "Free text" field only allows a maximum of 15 characters including any spaces.

_____   _____
Authorised Signature(s) of HKCC Participant   Date

Name of Signatory(ies) : _____

FOR HKCC USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED/ DATE

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FORM 2 :	ON-BEHALF TRADE GIVE-UP/TAKE-UP REQUEST FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

On Behalf Give-up Details

	Detail of Original Trade							Detail of Give Up Trade		
	Trade Date	Account	Series	Trade No.	Buy / Sell	Price	Quantity	Participant / Account	Quantity	Free text*
1.										
2.										
3.										

On Behalf Take-up Details

	Detail of Original Trade								Detail of Take Up Trade			
	Trade Date	Account	Series	Trade No.	GiveUp No.	Buy / Sell	Price	Quantity	Participant / Account	Quantity	O/C	Free text*
1.												
2.												
3.												

The "Free text" field only allows a maximum of 30 characters including any spaces.

_____
Authorised Signature(s) of Give-up HKCC
Participant

Name of Signatory(ies) :

_____

_____
Authorised Signature(s) of Take-up HKCC
Participant

Name of Signatory(ies) :

_____

_____
Date

FOR HKCC USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED/ DATE

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FORM 3 :	ON-BEHALF AVERAGE PRICE TRADE (APT) FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Details of Average Price Order (APO) Trades

Series : _____

Buy / Sell : _____

Resulting APT shall be allocated to : _____

Client Account No. (*for reference only*): _____

	Trade Number	Price	Quantity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
		Total Quantity	

*   Average Price - The average price of the APT is computed by summing up the product of the execution prices and the respective quantity executed at those prices, dividing such sum by the total quantity under the APT trades.

_____   _____
Authorised Signature(s) of HKCC Participant   Date

Name of Signatory(ies) : _____

FOR HKCC USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED/ DATE

CC – ATS – P – A - 3

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FORM 4 :   ON-BEHALF INTERNAL POSITION ADJUSTMENT REQUEST FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Details of Position Adjustment

Internal Account Position Transfer

	Old Account	New Account	Series	Long Transfer	Short Transfer	O/C/N/D
1.						
2.						
3.						
4.						
5.						
Justification:						

Position Netting for the Same Series

	Account	Series	Net Down By
1.			
2.			
3.			
4.			
5.			

Position Netting between Different Series (e.g. HSI Futures vs Min-HSI Futures, HSI Options vs HSI Flexible Options)

	Account	Series A*	Long Net Down By	Short Net Down By	Series B*	Long Net Down By	Short Net Down By
1.							
2.							
3.							
4.							
5.							

＊ The series under the fields "Series A" and "Series B" in the same row should have the same underlying commodity, contract month, strike price, option type but with opposite positions at a ratio as stipulated in the Clearing House Procedures 1.5.1.

_____   _____

Authorised Signature(s) of HKCC Participant   Date

Name of Signatory(ies) : _____

FOR HKCC USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED/ DATE

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FORM 5 :	EXTERNAL POSITION TRANSFER REQUEST FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Details of Position to be transferred

	Old Account	New Account	Series	Long Transfer	Short Transfer	O/C/N/D
1.						
2.						
3.						
Justification:						

Confirmation from HKCC Participants involved

Parties Involved	Authorised Signatures	Contact Persons for the transfer
Transferring Participant HKCC Participant's Name : DCASS Customer Code:	 Name of Signatory(ies) :	Name : Phone No.:
Receiving Participant HKCC Participant's Name : DCASS Customer Code:	 Name of Signatory(ies) :	Name : Phone No.:

FOR HKCC USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED/ DATE

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FORM 6 :	ANNULMENT OF POSITION NETTING REQUEST FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Details of Position Netting to be annulled

Note: Any request to annul a previous position netting which has been done for more than FIVE business days will NOT be entertained.

Request for : positions in the same series

	Date of Netting	Account	Series	Trade No.	Buy/Sell	Original Quantity of Net Down*	Quantity to be Reopened
1.							
2.							
3.							
Justification:							

Request for : positions between different series (e.g. HSI Futures vs Min-HSI Futures, HSI Options vs HSI Flexible Options)

	Trade Date	Account	Series A**	Original Long Net Down*	Original Short Net Down*	Series B**	Original Long Net Down*	Original Short Net Down*
1.								
2.								
3.								
Justification:								

_____   _____
Authorised Signature(s) of HKCC Participant   Date

Name of Signatory(ies) : _____

*   *The "Original Quantity of Net Down", "Original Long Net Down" and "Original Short Net Down" should be of the same quantity as that of the previous position net down.*
**   *The series under the fields " Series A" and "Series B" in the same row should have the same underlying commodity, contract month, strike price, option type but with opposite positions at a ratio as stipulated in the Clearing House Procedures 1.5.1.*

FOR HKCC USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED/ DATE

CC – ATS – P – A - 6   6

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FORM AC :	DCASS ACCOUNT MAINTENANCE FORM

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

Please tick the following as appropriate :

☐   Opening of DCASS Account *

☐   Termination of Existing DCASS Account

Account Details

DCASS Account Code (if applicable):

_____

Name of Client (applicable to Individual Client
Account only)

_____

_____

Account Type :
☐ Individual Client Account
☐ Other Account Type (*please state*)

_____

* We declare that we accept all the general terms and conditions for the keeping of the above account as prescribed by HKCC from time to
   time.

_____   _____

Authorised Signature(s) of HKCC Participant   Date

Name of Signatory(ies) : _____

FOR HKCC USE			
VERIFIED BY/ DATE	CHECKED BY/ DATE	APPROVED BY/ DATE	REJECTED BY/ DATE

CC – ATS – P – A - 9

Appendix IVA – (1)

HKFE CLEARING CORPORATION LIMITED

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FORM 9 :   **Notification of Designated Agent / Acceptable EFNs to be delivered***

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

I.   Particulars of Designated Agent**

Name of Designated Agent: _____ CMU Member Code:_____

Contact Person of Designated Agent: _____ Tel: _____

*   Delete as appropriate

**   Each HKCC Participant must notify the Clearing House of any change in the particulars of the Designated Agent who will be making delivery of EFNs on behalf of the HKCC Participant under an EFN Futures Contract at least 14 Business Days prior to the last trading day of that EFN Futures Contract.

II.   Particulars of EFNs to be delivered

We hereby confirm that the following EFNs will be delivered in settlement of our open positions in the spot month EFN Futures Contract:

EFN issue number	Quantity (Lots of HK$50,000)	Nominal value (HK$'000)	Short Position (No. of contracts)	A/C C, H, or MM	Remarks

_____   _____

Authorised Signature(s) of HKCC Participant (with Company Chop)   Date

Name of Signatory(ies) : _____

FOR HKCC USE			
VERIFIED BY/ DATE	CHECKED BY/ DATE	APPROVED BY/ DATE	REJECTED BY/ DATE

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FORM 10 : **NOTIFICATION OF SETTLEMENT FAILURE IN RESPECT OF OPEN CONTRACTS IN EXCHANGE FUND NOTES**

Particulars of HKCC Participant

HKCC Participant's Name :	DCASS Customer Code :

Contact Person for this Request Form :

Name :	Tel. No. :
Position :	Fax No. :

We hereby confirm that all open positions in Exchange Fund Note Futures Contracts set out in the Notification of Settlement Details provided to us by the Clearing House have been settled except the following positions:

Transaction reference	EFN issue number	D = Deliver R = Receive	Nominal value (HK$'000)	Settlement amount (HK$)	C = Client H = House M = MM	Counterparty CMU code	Reason[1] A or B

[1] *Reason of settlement failure*
  A = Counterparty failed to make payment by deadline;   B = Counterparty failed to deliver Exchange Fund Notes by deadline

_____   _____
 Authorised Signature(s) of HKCC Participant (with Company Chop)   Date

Name of Signatory(ies) : _____

FOR HKCC USE			
VERIFIED BY/ DATE	CHECKED BY/ DATE	APPROVED BY/ DATE	REJECTED BY/ DATE

CC – ATS – P – A - 11