HKEx香港交易所

Operational Clearing Procedures for Options Trading Exchange Participants

I. INTRODUCTION TO OPERATIONAL CLEARING PROCEDURES

1. INTRODUCTION

1.2 Office of SEOCH

The office of SEOCH is located at the following address:

7/F Infinitus Plaza 199 Des Voeux Road Central Hong Kong

Telephone: 2211-6932 Facsimile: 2868-0134

This address should be used for all communications, unless otherwise stated.

Office hours are from 9:00 a.m. to 6:00 p.m. on a Business Day.

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

Hong Kong

ON-BEHALF TRADE ADJUSTMENT REQUEST FORM

Particu	lars of SE	OCH Pa	ırticipan	t							
SEOCH Pa	articipant's Nan	ae:	DCASS	S Custome	r Code :			Broker	Firm ID:		
Name :	rson for This F	Request Form	1:					Tel. N	lo. :		
Position :								Fax N	lo. :		
								<u> </u>			
Details of	f Trade Adj	ustment									
		Original	l Trade De	tail				De	etail of Tra	ade Rec	tified
Trade		Original	Trade	Buy						O/C/	Free
Date	Account	Series	No.	/Sell	Price	Quantit	v Aco	count	Quantity		text*
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	e text" field o					rs includi	ing any	y spac	es.  Date		
	signature(s) or gnatory(ies): _								Date		
FOR SEO											
VERIFIED/ D	ATE	APPROVED/ I	DATE	INPUT			INPUT DA	TE/TIME	3	CHECKED B	3Y/DATE

7/F Infinitus Plaza 2868 0134 199 Des Voeux Road Central 2211 6932 Hotline: Hong Kong ON-BEHALF TRADE GIVE-UP/TAKE-UP REQUEST FORM **Particulars of SEOCH Participant** DCASS Customer Code: SEOCH Participant's Name: Broker Firm ID: 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 Buy Participant Free Date Series Trade No. / Sell Price text* Account Quantity / Account Quantity 2. 3. On Behalf Take-up Details Detail of Take Up Trade Detail of Original Trade Trade Trade GiveUp Buy Participant Free Date Account Series No. No. / Sell Price Quantity / Account Quantity text* 1. 2. 3. * The "Free text" field only allows a maximum of 30 characters including any spaces. Authorised Signature(s) of Give-up SEOCH Authorised Signature(s) of Take-up SEOCH Date Participant [with company chop] Participant [with company chop] Name of Signatory(ies): Name of Signatory(ies):

FOR SEOCH USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED BY/DATE

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#### ON-BEHALF AVERAGE PRICE TRADE (APT) REOUEST FORM

Parti	culars of SEOCH	I Participant					
SEOCH	I Participant's Name :	DCASS Cu	stomer Code		Broker	Firm ID :	
Contact Name:	Person for This Request	Form:				Tel. No. :	
Position	1:					Fax No.:	
Detai	ls of Average Pri	ce Order (APC	) Trades	3			
Series	:						
Buy / S							
-	ed APT will be allocate	ted to:					
Client	Account No. (for refe	rence only):					
			-				
	Trade Number	Pri	ce	Quantit	у		
1.							
2.							
3. 4.							
5.							
6.							
7.							
8.							
9.							
10.							
		Total Q	uantity				
							duct of the execution
	es and the respective O trades.	quantity executed	1 at those p	rices, dividin	g such sum	by the to	otal quantity under the
Authoris	ed Signature(s) of SEOCH	Participant [with com	pany chop]			Date	
Name of	Signatory(ies):						
FOR SI	EOCH USE						
VERIFIE		VED/ DATE	INPUT	IN	PUT DATE/ TIME	1	CHECKED/ DATE

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#### ON-BEHALF INTERNAL POSITION ADJUSTMENT REQUEST FORM

	CH Participant's Name	: DCA	SS Customer Code:	Broker F	irm ID	:	
Conta Name	ct Person for This Rec	quest Form :			Tel. No	· ·	
Positi			_		Fax No		
POSIL	on:				Fax 110	). : 	
Deta	ails of Position	Adjustment					
Intern	al Position Account	Transfer					
11100	Old Account	New Account	Series	Long Transfer	Sh	nort Transfer	O/C/N/D
1.				<del> </del>	<del> </del>		
2.							
3.							
Justii	fication:						
l						_	_
Positi	on Netting						
		count	Se	eries		Net Do	own By
1.							
2.							
3.							
Justi	fication:						
			_				
Autho	rised Signature(s) of SE	OCH Participant [wit	h company chop]	_	Dat	e	
Autho	ised Signature(s) of SE	3OCH Participant [wit	h company chop]	_	Dat	e	
	rised Signature(s) of SE	3OCH Participant [wit	h company chop]		Dat	е	
	rised Signature(s) of SE of Signatory(ies):			_	Dat	e	
				_	Dat	e	
				_	Dat	e	
				_	Dat	e	
Name					Dat	e	

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EXTERNAL POSITION TRANSFER REQUEST FORM								
Particulars of SEC	OCH Particip	pant						
SEOCH Participant's Name	: DO	CASS Customer Code :	Broker	Firm ID :	rm ID :			
<b>Details of Position</b>	to be transfe	erred						
Old Account	New Account	Series	Long Transfer	Short Transfer	O/C/N/D			
1.								
3.								
Justification:								
<b>Confirmation from</b>	n Participan	ts involved						
Party Involved		Authorised Signature v	vith Company Chop	Contact Person for the transfer				
Transferor Participant SEOCH Participant's Name				Name :				
SEOCH Faiticipant's Name	•			Name .				
DCASS Contains Code		Name of Sianatam(ian)	N (G) (C)					
DCASS Customer Code:		Name of Signatory(ies)		Phone No.:				
Broker Firm ID :								
Transferee Participant								
SEOCH Participant's Name	:			Name :				
DCASS Customer Code:		Name of Signatory(ies):		Phone No.:				
Broker Firm ID :								
<u> </u>		1						
FOR SEOCH USE								
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED B	Y/DATE			

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#### ANNULMENT OF POSITION NETTING REQUEST FORM

OFOCII Doution	42 - Nome		DCASS C		O 1		Daol	er Firm ID :		
SEOCH Partici	pant s Name	e :	DCASS C	ustomer	Code:		вгок	er Firm ID :		
Contact Person	for This Re	equest Form :								
Name:							Tel	. No. :		
Position :							Fax	: No. :		
N . 4 . •1 • 1	D •4•	NT . 44* 4	. 1	. 11 . 3						
etans of 1	Position	Netting t	o be ani	nullea						
Date of	f Netting	Account	Seri	es	Trade No.	Buy/S	Sell	Original Quanti	ity Quantity	to be
								of Net Down*	Reope	ned
1.										
2.										
3.										
4.										
5.										
Justification:										
TI. IIO	10	(NA)		l di a						
The ''Origin	al Quantit	y of Net Dow	n'' should i	be the sa	ime quantity of	previous	posi	tion net down.		
									ss Davs will	NO1
ote: Any req								tion net down. FIVE Busine:	ss Days will	NO1
lote: Any req									ss Days will	NO I
ote: Any req									ss Days will	NO?
ote: Any req									ss Days will	NO2
ote: Any req									ss Days will	N01
ote: Any req ntertained.	uest to an		n which h	as been	netted down f				ss Days will	NO?
ote: Any req ntertained.	uest to an	nnul a positio	n which h	as been	netted down f			FIVE Busines	ss Days will	N01
tote: Any requirectained.	uest to an	anul a positio	ant [with con	as been	netted down f			FIVE Busines	ss Days will	NO?
ote: Any req ntertained.	uest to an	nnul a positio	ant [with con	as been	netted down f			FIVE Busines	ss Days will	N01
tote: Any requirectained.	uest to an	anul a positio	ant [with con	as been	netted down f			FIVE Busines	ss Days will	NO':
Note: Any requirertained.	uest to an	anul a positio	ant [with co	as been	netted down f		than	Date	ss Days will	NO:

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#### ON-BEHALF COVER / DECOVER REQUEST FORM

	DCASS Customer Code :		Broker Firm ID:	
tact Person for This Request	Form ·			
me:	TVIII.		Tel. No. :	
sition:			Fax No. :	
ase tick the appropriat	te box and complete relevant deta	ails below	· ·:	
	m covering of position with de			
Account	Series	Cove	er Request in no. of	Remark
	Tot	al ·		
Please perfor  Account	Series	-	er Request in no. of shares	Remark
		-	er Request in no. of	Remark
		-	er Request in no. of	Remark

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#### ON-BEHALF EXERCISE/EXERCISE ADJUSTMENT REQUEST FORM

Particul	lars of SEOC	H Participa	nt						
SEOCH F	Participant's Nan	ne :	DCASS	Customer Code:		Broker I	Firm I	D :	
Contact Pe	erson for This Re	equest Form :	1			!			
Name :	13011101 11110 111	quest i oiii.					Tel.	No.:	
Position:							Fax	No. :	
Please I1	nput the follo	owing Exerci	se Requ	iest					
	<u> </u>	Account		<u> </u>	Series	s	No	o. of C	ontracts to Exercise
1									
2									
3							†		
4							1		
Please R	Reject the following	lowing Pendi	ing Exer	rcise Request					
	1 1		C.		Τ,	No. of Contracts Exercised E		Ei was ubu	
1	Account	t	36	eries	11	lo. of Contracts E	хегсі	sea	Exercise req nbr
2	<del> </del>				-				
2	<del> </del>				-				
4	+								
4									
Please D	Deny the follo	owing from G	eneral l	Exercise					
	Τ	A4		<u> </u>			T	Morr	
		Account		i	Series	S			v deny quantity
									AL no. of Contracts to from general exercise)
1									
2									
3									
4									
441- ami a a á	1.0:tyma(s) of	CEOCH Doublein	-4 Fredsh .	homl					
Autnomseu	d Signature(s) of	SEOCH Particip	ant [with c	company chopj		1	Date		
Name of S	Signatory(jes):								
Manie of L.	1ghato1 j (100)								
FOR SEO		ı							
VERIFIED B	3Y/DATE	APPROVED BY/DA	TE.	INPUT		INPUT TIME		CHECK	XED BY/DATE

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		DCASS Ac	count N	<b>Iaintenance</b>	Form			
Partic	culars of SEOC	H Participant						
SEOC	H Participant's Nam	e :	DC.	ASS Customer Co	ode :	Broker Firm	ı ID :	
Contac	t Person for This F	orm :						
Name				Tel. N				
Positi	on:			Fax No. :				
Please	tick the follow	ing as appropriate :						
	Opening of	DCASS Account*						
	Termination	of Existing DCASS A	ccount					
Accou	nt Details							
DCA	SS Account Co	de (if applicable):						
	e of Client (appl at Account only)	licable to Individual						
Acco	ount Type:		☐ Individual Client Account ☐ Client Offset Claim Account ☐ Other Account Type (please state)					
		accept all the general to from time to time.	erms and	d conditions f	or the keepin	ng of the a	above account as	
Author	ised Signature(s) of	SEOCH Participant with Co.	mpany cho	pp		Dat	e	
Name o	f Signatory(ies) :							
FOR S	EOCH USE							
	ED/ DATE	APPROVED/ DATE	INPUT		INPUT DATE/ TIM	IE	CHECKED BY/DATE	

## APPENDIX A10. OPENING / MAINTENANCE OF MARKET MAKER ACCOUNT FOR DESIGNATED TRADER FORM

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

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#### **Opening / Maintenance of Market Maker Account for Designated Trader Form**

Particulars of SEO	CH Participant			
SEOCH Participant's Name :	DCASS Cus	stomer Code :	Broker Firm ID :	
Contact Person for This For	m:	la	Fel. No. :	
Name : Position :			Fax No. :	
Position .		1	ax No	
Part I : Designated	l Trader Particulars			
Name of Designated Tr	rader :			
ID Card / Passport Nur	nber:			
Designated Trader Acc Date of Registration as for stock options :	ount Code (if any): Authorised User of HKA	ATS		
☐ Opening of M ☐ Termination o	f Market Maker Account	r Designated Trader t for Designated Tra		pelow)
	be added and / or dele	-	elow <i>)</i>	_
Class(es) to be deleted	:			
	nance of separate accour		set out in the Operational d trader named above.	Clearing Procedures f
-	BOCH Participant		Date	
FOR SEOCH USE				
VERIFIED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED BY/DATE

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#### Maintenance of OREP Individual Client Account Form

		Maintenance of C	JBEP Individual	Chent Account Form	
Partic	ulars of Carr	ying SEOCH Partic	cipant		
SEOCI	H Participant's Na	me:	DCASS Cus	tomer Code :	Broker Firm ID :
	t Person for This	Form :		Ima	
Name Positio				Tel. No. :	
Toshik				Tux Tvo.	
Please	tick the follo	wing as appropriat	e:		
	Opening of	f OBEP Individual C	Client Account*		
	Termination	on of Existing OBEP	Individual Client A	account	
OBE	P Particula	r			
Nome	e of OBEP:				
Ivaiii	e of OBEF.				
Exch	ange Participa	nt Firm ID of OBEP	': <u> </u>		
ODE	D I., 4:: 4	lient DCASS Accou	4		
	e (for terminati		nı <u></u>		
D	A 11	CODED			
Busii	ness Address o	I OBEP:	·		
Date	of Clearing Ag	greement with OBEI			
Dute	or Clearing 11g	greement with OBE	·		
Date	of Registration	n as OBEP of Excha	nge:		
Name	e of OBEP Co	ntact Person:	Tel:	I	Fax:
		e accept all the gene as prescribed by the			of individual client account for the
		F			
Authori	ised Signature(s) o	of SEOCH Participant wit	h Company chop		Date
Name of	f Signatory(ies) : _				
ECD C	FOOH HGE				
	EOCH USE ED/ DATE	APPROVED/ DATE	INPUT	INPUT DATE/ TIME	CHECKED BY/DATE

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#### RESERVE FUND CONTRIBUTION NOTICE

Particulars of SEOCH Participant		
1 articulars of SEOCII 1 articipant		
American		
Attention:	1	
Broker Firm ID :	SEOCH Participant's Name :	
Results of the Reserve Fund Recalculat	ion	
Franks Man	d.	
For the Mont	th	
		HK\$
		ΤΙΚΨ
Current Month Total Variable Contribution	n	
Your Share of Current Month Total Variab	ole Contribution	
Your Share of Previous Month Total Varia	ible Contribution	
Top up (+) /Reimbursement (-) Amount for	or this Month	
Amount due will be collected on		
For and On Behalf of		
The SEHK Options Clearing House Ltd		
1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
Authorised Signature(s)		Date

#### APPENDIX C5. SPECIAL BLOCK TRADE MARGIN CALL NOTICE

#### THE SEHK OPTIONS CLEARING HOUSE LIMITED

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

#### SPECIAL BLOCK TRADE MARGIN CALL

#### URGENT

Broker Firm ID	SEOCH Participant's Name	For the Attention of	Telephone Number	Fax Number	Margin Call
XXXX	xxxxxxxxxx	XXXXXXX	XXXX XXXX	XXXX XXXX	XXX,XXX

The above amount will be debited from your designated bank's account in an hour's time.

Authorised Signature(s)	Date
The SEHK Options Clearing House Limited	