

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.

THE SEHK OPTIONS CLEARING HOUSE LIMITED

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

Fax: 2868 0134
Hotline: 2211 6932

ON-BEHALF TRADE ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
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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*

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

Authorised Signature(s) of SEOCH Participant [with company chop]

Date

Name of Signatory(ies) : _____

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

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

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
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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 SEOCH Participant [with company chop]

Authorised Signature(s) of Take-up SEOCH Participant [with company chop]

Date

Name of Signatory(ies) :

Name of Signatory(ies) :

FOR SEOCH USE				
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ON-BEHALF AVERAGE PRICE TRADE (APT) REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
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Contact Person for This Request Form :

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

Details of Average Price Order (APO) Trades

Series : _____
Buy / Sell : _____
Resulted APT will 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 APO trades.

Authorised Signature(s) of SEOCH Participant [with company chop]

Date

Name of Signatory(ies) : _____

FOR SEOCH USE				
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ON-BEHALF INTERNAL POSITION ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
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Contact Person for This Request Form :

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

Details of Position Adjustment

Internal Position Account Transfer

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

Justification:

Position Netting

	Account	Series	Net Down By
1.			
2.			
3.			

Justification:

Authorised Signature(s) of SEOCH Participant [with company chop]

Date

Name of Signatory(ies) : _____

FOR SEOCH USE				
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EXTERNAL POSITION TRANSFER REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

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 Participants involved

Party Involved	Authorised Signature with Company Chop	Contact Person for the transfer
Transferor Participant SEOCH Participant's Name : DCASS Customer Code: Broker Firm ID :	 Name of Signatory(ies) :	Name : Phone No.:
Transferee Participant SEOCH Participant's Name : DCASS Customer Code: Broker Firm ID :	 Name of Signatory(ies) :	Name : Phone No.:

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

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ANNULMENT OF POSITION NETTING REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

Contact Person for This Request Form :

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

Details of Position Netting to be annulled

	Date of Netting	Account	Series	Trade No.	Buy/Sell	Original Quantity of Net Down*	Quantity to be Reopened
1.							
2.							
3.							
4.							
5.							
Justification:							

** The "Original Quantity of Net Down" should be the same quantity of previous position net down.*

Note: Any request to annul a position which has been netted down for more than FIVE Business Days will NOT be entertained.

 Authorised Signature(s) of SEOCH Participant [with company chop] _____
Date

Name of Signatory(ies) : _____

FOR SEOCH USE				
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ON-BEHALF COVER / DECOVER REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

Contact Person for This Request Form :

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

Please tick the appropriate box and complete relevant details below:

Please perform covering of position with details as follows :

Account	Series	Cover Request in no. of shares	Remark
Total :			

Please perform decovering of position with details as follows :

Account	Series	Decover Request in no. of shares	Remark
Total :			

Authorised Signature(s) of SEOCH Participant with company chop

Date

Name of Signatory(ies) : _____

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

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ON-BEHALF EXERCISE/EXERCISE ADJUSTMENT REQUEST FORM

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

Contact Person for This Request Form :

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

Please Input the following Exercise Request

	Account	Series	No. of Contracts to Exercise
1			
2			
3			
4			

Please Reject the following Pending Exercise Request

	Account	Series	No. of Contracts Exercised	Exercise req nbr
1				
2				
3				
4				

Please Deny the following from General Exercise

	Account	Series	New deny quantity (i.e. TOTAL no. of Contracts to be denied from general exercise)
1			
2			
3			
4			

Authorised Signature(s) of SEOCH Participant [with company chop]

Date

Name of Signatory(ies): _____

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

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DCASS Account Maintenance Form

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

Contact Person for This 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
- Client Offset Claim 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 SEOCH from time to time.

Authorised Signature(s) of SEOCH Participant with Company chop

Date

Name of Signatory(ies) : _____

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

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Opening / Maintenance of Market Maker Account for Designated Trader Form

Particulars of SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

Contact Person for This Form :

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

Part I : Designated Trader Particulars

Name of Designated Trader : _____

ID Card / Passport Number : _____

Designated Trader Account Code (if any) : _____

Date of Registration as Authorised User of HKATS
for stock options : _____

Please tick and complete the following as appropriate:

- Opening of Market Maker Account for Designated Trader (Please complete Part II below)
- Termination of Market Maker Account for Designated Trader
- Addition / Deletion of Class(es) (Please complete Part II below)

Part II : Class(es) to be added and / or deleted :

Class(es) to be added :	
Class(es) to be deleted :	

We declare that we accept all the general terms and conditions as set out in the Operational Clearing Procedures for the opening and maintenance of separate account for the designated trader named above.

Authorised Signature(s) of SEOCH Participant

Date

Name of Signatory(ies) : _____

FOR SEOCH USE				
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Maintenance of OBEP Individual Client Account Form

Particulars of Carrying SEOCH Participant

SEOCH Participant's Name :	DCASS Customer Code :	Broker Firm ID :
----------------------------	-----------------------	------------------

Contact Person for This Form :

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

Please tick the following as appropriate :

- Opening of OBEP Individual Client Account*
- Termination of Existing OBEP Individual Client Account

OBEP Particular

Name of OBEP : _____

Exchange Participant Firm ID of OBEP : _____

OBEP Individual Client DCASS Account Code (for termination only) : _____

Business Address of OBEP : _____

Date of Clearing Agreement with OBEP : _____

Date of Registration as OBEP of Exchange : _____

Name of OBEP Contact Person: Tel: _____ Fax: _____

*We declare that we accept all the general terms and conditions for the keeping of individual client account for the OBEP named above as prescribed by the SEOCH Board from time to time.

 Authorised Signature(s) of SEOCH Participant with Company chop

 Date

Name of Signatory(ies) : _____

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RESERVE FUND CONTRIBUTION NOTICE

Particulars of SEOCH Participant

Attention :	
Broker Firm ID :	SEOCH Participant's Name :

Results of the Reserve Fund Recalculation

For the Month _____

_____ HK\$

Current Month Total Variable Contribution

Your Share of Current Month Total Variable Contribution

Your Share of Previous Month Total Variable Contribution

Top up (+) /Reimbursement (-) Amount for this Month

Amount due will be collected on _____

For and On Behalf of
The SEHK Options Clearing House Ltd

Authorised Signature(s)

Date

APPENDIX C5. SPECIAL BLOCK TRADE MARGIN CALL NOTICE

THE SEHK OPTIONS CLEARING HOUSE LIMITED

7/F Infinitus Plaza
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Hong Kong

Fax: 2868 0134
Hotline: 2211 6932

SPECIAL BLOCK TRADE MARGIN CALL

URGENT

Broker Firm ID	SEOCH Participant's Name	For the Attention of	Telephone Number	Fax Number	Margin Call
XXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXX	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)
The SEHK Options Clearing House Limited

Date