

Request for Retrieving DCASS /CCMS Reports and Data Files Form

To: Clearing Participant Admin. & Services From: _____
 30/F, One Exchange Square,
 8 Connaught Place, Central,
 Hong Kong
 (Full Name of Participant)

Email: CDCO_CAS@hkex.com.hk
 Fax: 2590 7000

DCASS Customer Code: |_|_|_|_|

Contact Person: _____

Tel: _____ email: _____

Please tick "✓" in the appropriate box

The SEHK Options Clearing House Limited (SEOCH) **HKFE Clearing Corporation Limited (HKCC)**

Trade Day(s):	From:	To:
	(DD) / (MM) / (YY)	(DD) / (MM) / (YY)

Report Delivery Format:

Hard copy or Soft copy

Please put a tick "✓" next to the report(s) required (Note: Retrieving reports/data files is subject to charge)

Part I: DCASS Reports

TP001	TP006	TP011	RP001	RP007	RPI03
TP002	TP007	TP012	RP003	RP008	RPI10
TP003	TP008	TP013	RP004	RP009	
TP004	TP009	TP014	RP005	RP010	
TP005	TP010		RP006	RP011	
				RP012	

Part II: CCMS Reports

CCMCA02	CCMMV01	CCMAT01	CCMDW01
CCMPY01	CCMSU04	CCMAT02	CCMDW02
CCMPY02	CCMIA02	CCMIR02	CCMDS01

Part III: PTRM Reports

RX_AUDIT	RX_UTIL
----------	---------

Report Collection Method:

We will collect the reports at Clearing House office; or
 We authorize Clearing House to send the report(s) to us via email to _____
 and we agree that Clearing House is not liable for any loss or damage that may arise from this delivery method

 Authorised Signature(s)
 (with company chop, ONLY applicable if it forms part of your signing instruction)
 (Name of Signatories: _____)

 Date

For Office Use Only						
Signature(s) Verified by:	Approved by:	Report Retrieved by:	Checked by:	DCASS /CCMS FORM		
Date:	Date:	Date:	Date:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Pages</td> <td style="width:50%;">Amount</td> </tr> </table>	Pages	Amount
Pages	Amount					