Enclosure 2 – Ref: MDD/14/849



**Test Participation Form of OMD-C Simulation Session for Backup Site Failover**

**On 31 May 2014**

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| --- |
| Notes:  Please complete and return this test participation form to HKEx-IS by email to IVSupport@hkex.com.hk on or before 16 May 2014. For enquiry, please contact Vendor Support Team via email IVSupport@hkex.com.hk |

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| **Client Information** |
| Name of Client       |
| Name of Contact during the Test      |
| Tel. No.       | Mobile Phone No.       | Email Address      |

|  |
| --- |
| **Client Confirmation (please tick appropriate box below)** |
| [ ] [ ]  We confirm our participation in the OMD-C Simulation Session for Backup Site Failover on 31 May 2014. |

**Submitted for and on behalf of the Client:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **:** |       |  |
| **Name** | **:** |       |  |
| **Title** | **:** |       |  |
| **Contact No.** | **:** |       |  |
| **Date** | **:** |       |  |