HKEX 香港交易所

G-Form 7

CCASS / CCMS SDNet Line Service Notification Form for HKSCC / HKCC / SEOCH Participants / HKSCC Designated Banks

To : Operations Support & Security Administration ("OSSA")
30/F, One Exchange Square, 8 Connaught Place, Central, Hong Kong
Fax: (852) 2815-6115 Email: OSSA_eFax@hkex.com.hk CCASS Hotline: (852) 2979-7111

From : Participant ID / Bank ID :

_____ _____
(Full Name of Participant / Designated Bank) ☐ HKSCC ☐ HKCC ☐ SEOCH

We hereby notify HKSCC / HKCC / SEOCH that we have submitted the prescribed application / order form to the Accredited Vendor for the following SDNet line service(s).

New line installation

1. **Name of Accredited Vendor:** ☐ HKT ☐ HKBNES
2. **Circuit Purpose:** ☐ Production Link ☐ Testing Link *(for CCASS Participant Gateway testing)*
3. **Circuit Type:** ☐ Single Link Connection ☐ Dual Link Connection
4. **Bandwidth:** ☐ 1M ☐ 2M ☐ Other: _____

Sets of Circuits to be installed: _____ *(Dual Link is 1 set of circuit.)* Tentative Installation Date: _____

Installation Address(es): _____

_____
(Please use separate form for different installation address)

Termination, relocation, reconfiguration, change of line ownership or change of Accredited Vendor

1. **Name of Accredited Vendor:** ☐ HKT ☐ HKBNES
2. **Circuit Purpose:** ☐ Production Link ☐ Testing Link *(for CCASS Participant Gateway testing)*
3. **Circuit Number:** _____ _____ *(Dual Link will have 2 circuit numbers.)*
4. **Service Modification Type:**

☐ **a.** Termination ☐ **b.** Internal Relocation ☐ **c.** External Relocation

☐ **d.** Bandwidth Upgrade/ Downgrade to: ☐ 1M ☐ 2M ☐ Other: _____

☐ **e.** Circuit Upgrade/Downgrade: ☐ Downgrade to Single Link ☐ Upgrade to Dual Link

☐ **f.** Change of Accredited Vendor to: ☐ HKT ☐ HKBNES

☐ **g.** Change of Line Ownership: Transferee: _____ Participant ID: _____

_____
Authorized Signatory(ies) of Transferee (with company chop, ONLY applicable if it forms part of your signing instruction)
(Name of signatory(ies):)

5. **Current Address:** _____
6. **New Address for Relocation:** _____
7. **Tentative Date for Service Modification:** _____

Signed for and on behalf of the Participant:

_____ _____
Authorized Signature(s) (with company chop, ONLY applicable if it forms part of your signing instruction)
(Name of signatory(ies):) Date:

Contact Person: _____ Email Address: _____

Phone No.: _____ Mobile No.: _____ Fax No.: _____

For Office Use Only		
Signature Verified:	Faxed / Email to IT:	CO-OSSA Control #