



To: Support Unit, Hong Kong Export Credit Insurance Corporation

**Request for New EC-link Credit Agency System (CAS) Password(s)**

Name of Agency: \_\_\_\_\_

**We request NEW CAS password(s) for the following User ID(s):**  
(Please "x" in the appropriate box)

Management

Reader

Please send the password(s) to the attention of:

Name (Title): \_\_\_\_\_ ( \_\_\_\_\_ )

- Notes:
1. In the case of incorporated companies, this Form should be signed by an authorized officer for and on behalf of the company and should state the capacity in which the signatory acts (e.g. Managing Director, Secretary, etc.).
  2. In the case of partnerships, this Form should be signed by a partner in the firm.
  3. In the case of proprietorships, this Form should be signed by the proprietor of the firm.
  4. Please complete and send this Form to ECIC:

2/F., Tower 1, South Seas Centre, 75 Mody Road,  
Tsimshatsui East, Kowloon, Hong Kong  
Tel.: 2723 9988 Fax.: 2722 6277

Name & capacity of signatory
Authorized signature with company chop
Date of signature