

To: Support Unit, Hong Kong Export Credit Insurance Corporation

Request for New EC-link Password

Name	and address of Authorized Broker:		
Please	send the password to the attention of the	following representative:	
Name	-	0 1	
Capaci	ity :		
Note:	Please complete and send this Form to ECIC: 2/F., Tower 1, South Seas Centre, 75 Mody Road, Tsimshatsui East, Kowloon, Hong Kong Tel.: 2732 9988 Fax.: 2722 6277	Name & capacity of signatory Authorized signature with Broker chop	
		Date of signature	