

To: Support Unit, Hong Kong Export Credit Insurance Corporation

Request for New EC-link Password(s)

Name of Policyholder (Policy No.): _____

We request NEW password(s) for the following User ID(s):
(Please “*” in the appropriate box)

- Management
 Reader

Group 1*

- Checker – C1
 Operator – M11
 Operator – M12

Group 2*

- Checker – C2
 Operator – M21
 Operator – M22

Group 3*

- Checker – C3
 Operator – M31
 Operator – M32

** Please refer to “Authority Assignment” of EC-link online for the list of existing User ID(s) and their respective authorities, if any.*

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.: 2732 9988 Fax.: 2722 6277

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