37/F, Times Tower, 393 Jaffe Road, Wan Chai, Hong Kong 香港灣仔謝斐道 393 號新時代中心 37 樓 Tel 電話: (852) 2836 2188 Fax 傳真: (852) 2893 1277

Attn: Settlement Department 交收部:

(CCASS Participant ID 中央結算參與者編號: B01928)

Fund Withdrawal Application Form 客戶提款申請表

Account Name 帳戶名稱			Date 日期
Account No. 帳戶號碼			
Fund Withdrawal 提取資金			
Withdrawal Amount 提款金額	HKD 港幣 \$		ner Currency (Please Specify) 也貨幣 (請註明)
	□ Crossed Cheque 收票人過戶支票 □ CHATS 電子現金付款 Payee Name 收款人名稱		
	Bank Name 銀行名稱		_
	Account No.戶口號碼		
	Remarks 備註		
□ Telegraphic Transfer 電匯 (For Telegraphic Transfer, please give the following information in English 如屬電匯以下資料必須以英 Bank Name 銀行名稱			
Bank Address 銀行地址			
Account Name 戶口名稱			
	Account No.戶口號碼		
Remarks 備註 Transfer to 轉入			
	□ Futures Account 期貨戶□ Account No. 帳戶號碼		
	□ Securities Account 股票戶口		
("Enhanced") on the basi above instruction, I/we use claims, losses, damages, either directly or indirectl 本人/吾等願意承擔任何付靠 本人/吾等 諾償付進陞免受	s of the above instruction shall be binding ndertake to keep Enhanced indemnified at costs and expenses which may be brought y out of or in connection with Enhanced at 次方式中所發生之費用及匯兌風險。就進陞證損於因接受及執行本人/吾等的指示而引致或	g upon me/us in consider all times against, and against Enhanced or succepting my/our paym 参有限公司("進陞")依照遭受的任何直接或間接	照以上指示處理和進行的任何交易都會對本人/吾等構成約束力, 的法律訴訟、訴訟程序、索償、損失、損害、費用及支出。
*Please confirm by signing and returning this form before 12:00 am. each day. Thank you for your kind attention. 提取款項必須於每日早上 12 時前簽署及交回此表格才能確保於當日收到款項。多謝合作。			
Please debit the captioned account for any charges incurred. 請在本人/吾等的證券帳戶扣除一切所須開支			(For Office Use Only)
		Acknowledged by:	
		Approved by:	
		Input/Check by:	
			Signature Verified by:
Client's Signature 2	-C. Krks		

Client's Signature 客戶簽署

For Joint A/C: Both account holders must sign; For Corp A/C: Must sign with company chop 如屬聯名帳戶,所有戶口持有人均須簽署; 如屬公司帳戶,請加蓋公司印鑑