

Gear Securities Investment Limited 基業證券投資有限公司

Fax 傳真:

Attn 收件: Settlement Department 交收部

Date 日期: \_\_\_\_\_

### INSTRUCTIONS 指示

(Withdrawal 提款 / Deposit 存款 / Transfer 轉帳 / FX 兌換)

CLIENT NAME 客戶姓名 : \_\_\_\_\_ ACCOUNT NO. 客戶號碼 : \_\_\_\_\_  
CCY 貨幣 / 金額 : \_\_\_\_\_ VALUE DATE 生效日期 : \_\_\_\_\_  
AMOUNT 金額 : \_\_\_\_\_

#### 1. WITHDRAWAL 提款

i) Electronic Payment 電子轉帳  ii) Remittance 匯款 or CHATS 本地銀行撥帳  iii) Bank-in Cheque 支票存入

BENEFICIARY BANK NAME 收款銀行名稱:	
BENEFICIARY BANK ADDRESS 收款銀行地址:	
BENEFICIARY BANK ACCOUNT NO. 收款銀行帳戶號碼:	
BENEFICIARY ACCOUNT NAME <sup>Note 1</sup> 收款銀行帳戶姓名 <sup>1</sup> :	
TELEPHONE NO. 電話號碼:	
INTERMEDIARY BANK NAME / ACCOUNT NO. 中轉銀行名稱 / 帳戶號碼:	SWIFT CODE 銀行國際代碼:
RELATIONSHIP WITH CLIENT <sup>Note 2</sup> 與提款客戶的關係 <sup>2</sup> :	PAYMENT PURPOSE <sup>Note 2</sup> 匯款原因 <sup>2</sup> :

iv) Client collect cheque in person 客戶自行到本公司提取支票

Authorized Person's Name (if necessary) 授權代理人姓名 (如適用): \_\_\_\_\_

Authorized Person's HKID/Passport No. (if necessary) 授權代理人身份證/護照號碼 (如適用): \_\_\_\_\_  
Remarks: Original Instruction is required if cheque collected by Authorised Person 如授權代理人領取支票, 須交回正本

#### 2. DEPOSIT 存款 \*Must be provided 必須提供

\* DEPOSIT TO GST'S ACCOUNT NO. 轉帳至本公司之銀行帳戶:

Bank Name 銀行名稱: \_\_\_\_\_

\*  ATM Transfer 櫃員機轉帳  ATM-Cheque 櫃員機入票  At Counter - Cash 櫃台現金  At Counter - Cheque 櫃台入票  
 At Counter Transfer 櫃台轉帳  Remittance 匯款  Internet Transfer 網上轉帳  Phone Transfer 電話轉帳  Others 其他

\* Deposit Time 存款時間: \_\_\_\_\_ \*\* Record Time 紀錄時間: \_\_\_\_\_ Reference No. 參考編號: \_\_\_\_\_

\* Please state reason if no supporting documents of deposit can be provided 如沒有存款證明提供, 請列明理由:

#### 3. TRANSFER 轉帳

From 由 Account No. 帳戶號碼: \_\_\_\_\_ Account Name 帳戶姓名: \_\_\_\_\_

To 至 Account No. 帳戶號碼: \_\_\_\_\_ Account Name 帳戶姓名: \_\_\_\_\_

#### 4. FX 兌換 QUOTE FX RATE TO AE BEFORE DONE 兌換成交前報價給業務主任

BUY 買 CCY 貨幣 / AMOUNT 金額: \_\_\_\_\_ SELL 賣 CCY 貨幣 / AMOUNT 金額: \_\_\_\_\_

Remarks 備註: \_\_\_\_\_

I/We take full responsibilities to confirm that the above information provided is true and correct.  
本人/吾等確認上述提供的資料均為真實及準確。

#### Notes 注腳:

- 1: Original Instruction from Client is required if beneficiary is NOT Client 如收款人並非客戶本人, 正本必須交回本公司。
- 2: Must be provided if the Beneficiary is NOT Client 如收款人並非客戶本人, 必須填上。

Client's Signature 客戶簽署: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>		
Name of AE: (AE Code: ) Ext No.: Initial:	Confirmed by Customer Service: Call date/time: Name: Ext No.: Initial:	
Prepared by:	Checked by:	Approved by:
Remarks:		