

Signature Verified by

Date:

Input & Checked by

Date:

客戶提款指示 Fund Withdrawal Instruction

Please return your completed form by mail to Customer Service Department, Room 1803-07, 18/F, China Insurance Group Building, 141 Des Voeux Road Central, Hong Kong or by fax (852) 3971 3600 or by e-mail cs@asasec.com.

請將已填妥的表格郵寄至香港中環德輔道中 141 號中保集團大廈 18 樓 1803-07 室客戶服務部或傳真至(852) 3971 3600 或電郵至 cs@asasec.com

賬戶號碼 Account Number:	日期 Date :	
賬戶名稱 Account Name:		
Please debit HKD RMB me /us in the following methods	上述戶口扣除 □ 港幣 □人民幣 並以下列形式發放給本力 from my / our account held with you as stated above and deli	ver to
請在適當方格 □ 加上✔號 Pleas	se tick at the appropriate box :	
賬戶號碼 Bank A/C No:		
□ 港元匯款 Telegraphic Transf (附註: 每項手續費港幣 200元; 另加銀行額	Ter in HKD 類外收費。 Note: HKD200 per transaction plus extra bank charges.)	
銀行戶口詳情 Account Deta	ils	
銀行名稱 Bank Name:	分行 Branch:	
銀行戶口號碼 Bank Account	t No.: 銀行號碼 Swift code:	
□ 現金證券 Securities Ca	Z戶□ (請選擇) //our accounts with your company (Please select): ash □ 孖展證券 Securities Margin □ 期貨合約 Futures Contracts .:	
客戶簽署: Client Signature:		F
聯絡電話 Contact No.:	客戶主任 / 代理人姓名: A.E. / Agent Name:	
附註 Note: 請於上午十一時正前將指示送交至客戶 Please send your withdrawal instruction to	服務部,否則該指示將在下一個工作日辦理 us on or before 11:00am. Otherwise your instruction will be executed on next working day.	
For official use only	Remarks	

Settlement Dept.

Date:

Accounting Dept.

Date:

Approved by

Date: