

客戶資金提取通知書

Request for Fund Withdrawal



建銀國際證券有限公司
 香港中環干諾道中3號中國建設銀行大廈12樓
 客戶服務部: (852) 3911 8297
 傳真號碼: (852) 2530 2606

CCB International Securities Limited
 12/F., CCB Tower, 3 Connaught Road Central, Central, Hong Kong
 Customer Service Hotline: (852) 3911 8297
 Fax Number: (852) 2530 2606

戶口號碼 Account Number: _____	
戶口名稱 Account Name: _____	
提取金額 Withdrawal Amount: _____	貨幣 Currency _____ 金額 Amount _____
請選擇所需付款辦法 Please select a payment method (於合適方格內√ Please tick the appropriate box)	
<input type="checkbox"/> 支票 Cheque <input type="checkbox"/> 本人將親自收取支票 I shall collect the cheque in person. <input type="checkbox"/> 請將支票交於 Please release the cheque to _____ 身份証號碼 with ID No. _____ (請另附上授權書 Please provide authorization letter)	
<input type="checkbox"/> 自動轉賬 CHATS 銀行名稱 Bank Name _____ 戶口名稱 Account Name _____ 戶口號碼 Account Number _____	
<input type="checkbox"/> 電匯 Telegraphic Transfer 收款人名稱 Beneficiary's Name _____ 收款銀行及地址 Receiving Bank & Address _____ 收款人銀行賬戶號碼 Beneficiary's Account Number _____ 收款人地址 Beneficiary's Address _____ SWIFT代號 (如有) SWIFT Code (if any) _____ 附言 (如有) Message (if any) _____	
<input type="checkbox"/> 內部調撥 Internal Transfer 戶口號碼 Account Number _____ 戶口名稱 Account Name _____	
備註 Remarks	
如欲即日提取資金，此表格務必於當日中午十二時前交付至客戶服務部，否則將視作下一個營業日之指示處理。 Fund withdrawal for same day has to reach our Customer Service Department before 12:00 noon; otherwise, we shall handle it on the next business day. #不作第三者付款。 No third party payment. #兌換價以當日銀行提供為準。 If payment is made in foreign currency, exchange rate will be quoted by bank as the same day. #手續費: 自動轉賬每宗港幣300元 或 電匯每項指示收取港幣300元及另加銀行附加費。本行保留隨時修訂上述費用的酌情權。 Handling charges: CHATS HK\$300 per transaction or Telegraphic transfer HK\$300 per request with any additional bank charges. CCB International Securities Limited reserves the right to amend or withhold the above service fees at our discretion.	
客戶簽署 (公司蓋章) Signature of Account Holder / Authorized Person (with Company Chop)	
_____	S.V. 日期 Date _____
For Internal Use Only	
AMO Signature _____ AMO Print Name _____	Cross Border Fund to non-FATF jurisdiction and that jurisdiction is not consistent with client's nationality/address <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, AMO to provide information)
RO Signature _____ RO Print Name _____	Date _____
Callback Extension _____ Date & Time _____	Callback by _____