

Securities Deposit and Withdrawal Form

Date 日期: _____

股票存入/提取表格

Account Name 賬戶名稱: _____ Account Number 賬戶號碼: _____

Important Note:

Please fax or email this form to the fax no.: 3798-1500 or email address: settlement@hkfoundersc.com before 11:00 a. m. HK time on a business day. Requests made after the cut-off time or on Saturday, Sunday and public holidays will be processed on the next business day. 請於工作天內香港時間 11:00 a.m. 前將本表格傳真至 3798-1500 或電郵至 settlement@hkfoundersc.com。在截數時間後或是在星期六、日及公眾假期遞交的客戶指示將在隨後的一個工作天辦理。

<input type="checkbox"/> Settlement Instruction Details 交收指示資料				
Instruction Type 指示類別	Please Select 請選擇			
	(i)	<input type="checkbox"/> Receive 存貨 <input type="checkbox"/> Deliver 提貨	(ii)	<input type="checkbox"/> SI 結算機構交收指示 <input type="checkbox"/> ISI 投資者交收指示 <small>(只適用香港中央結算交收 Only for CCASS settlement)</small>
Value Date 生效日期				
Name of Counterparty 對手方名稱	Broker/Custodian/CCASS Participant Name 經紀行/託管商/結算所參與者名稱			
Counterparty A/C ID 對手方戶口號碼	CCASS/DTC/Euroclear/Clearstream ID			
Contact Person and Telephone no. 聯絡人及聯絡電話				

<input type="checkbox"/> Physical Scrip Deposit 現貨存入
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<input type="checkbox"/> Physical Scrip Withdrawal 現貨提取	
Authorized Person Name and Identity Number (if necessary) <small>* Please provide your ID card for verification purpose when collecting the scrip</small> 被授權人名稱及身份證號碼 (如適用) <small>* 領取股票時須提供正本核實</small>	
Recipient's Signature 收票人簽署	I acknowledge receipt of the below share certificate(s) 茲收到下列股票

Please fill in the below section 必須填寫以下部份:

Securities Details 證券資料						
Securities Code 證券代號	Securities Name 證券名稱	Quantity 數量	FOP 無需付款 <input checked="" type="checkbox"/>	DVP 貨銀對付 <input checked="" type="checkbox"/>	For DVP Only 只適用於 DVP 交收	
					CCY 貨幣	Amount 金額

Clients / Authorized Person Signature(s) 客戶或獲授權人簽署		Remarks: 備註
<small>本人/吾等確認以上轉倉並沒有改變以上證券的受益人並且同意及明白貴公司需要時間處理以上之指示並且保留權利拒絕本人/吾等的指示。本人/吾等同意支付由貴公司決定之有關費用。 I/We declare that there is no change in beneficial owner of the above securities for the above Transfer and agree and understand that your company needs time to process my/our instruction and reserves the rights to reject my/our instruction. I/We agree to pay the relevant fees determined by your company.</small>		

FOR OFFICE USE ONLY					
Client A/C No. :			Purpose of SI :		
Internal Ref.:	Prepared By:	Approved By:	Credit Checked By:	Inputted By:	Authorized By: