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| 日期 | 年/月/日 |
|    |       |

## Telegraphic Transfer Application Form 電匯申請書

Please return your completed form by fax to **(852) 2180 9168**, or by mail to **Settlement Department, Suit 3212-16 One International Finance Centre, No 1 Harbour View Street, Central, H.K.**, 請將已填妥的表格傳真至**(852) 2180 9168** 或郵寄至香港中環港景街一號國際金融中心一期3212-16交收部。

|                                  |   |  |           |   |  |
|----------------------------------|---|--|-----------|---|--|
| Payment Currency 付款貨幣            | : |  | Amount 金額 | : |  |
| Bank and Sub-branch Name 銀行及支行名稱 | : |  |           |   |  |
| Bank Address of Detail 銀行詳細地址    | : |  |           |   |  |
| Contact No. of Bank 銀行電話         | : |  |           |   |  |
| Beneficiary Name 收款人姓名           | : |  |           |   |  |
| Beneficiary Account No. 銀行戶口號碼   | : |  |           |   |  |

Client's Signature 客戶簽署: \_\_\_\_\_  
( With Company Chop, if any / 如屬公司客戶請連印章 )

Client Name 客戶名稱: \_\_\_\_\_

Account No. 戶口號碼: \_\_\_\_\_

Contact No. 聯絡電話: \_\_\_\_\_

- \*\* All bank charges will be deducted from payment amount with client.  
If client have not provide the full bank detail that the telegraphic transfer may be cause to delay.  
\*\* 所有滙款費用均從客戶滙款中扣除。  
如客戶未能提供開戶銀行詳細名稱、銀行地址或電話，可能會擔誤滙款

|                        |               |
|------------------------|---------------|
| Signature verified by: | Approved by : |
|------------------------|---------------|