



股票存入及提取表格 Securities Deposit and Withdrawal Form

日期 Date

客戶名稱
Account Name

客戶號碼
Account No.

交收指示資料 Settlement Instruction Details

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

現貨存入 Physical Scrip Deposit

現貨提取 Physical Scrip Withdrawal

被授權人名稱及身份證號碼 (如適用) Number (if necessary)
*領取股票時須提供正本核實 Authorized Person Name and Identity
* Please provide your ID card for verification purpose when collecting the scrip

收票人簽署
Recipient's Signature

茲收到下列股票
I acknowledge receipt of the below share certificate(s)

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

證券資料 Securities Details

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

重要提示 Important Note:

請於工作天內香港時間中午12點前將本表格傳真至 (852) 3108 4657 或電郵至 cs.sdl@gci.com.hk。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。 Please fax or email this form to the fax no.: (852) 3108 4657 or email address: cs.sdl@gci.com.hk before 12:00 pa. 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.

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.

客戶/獲授權代表/職員簽署 Client's/Authorized/AE/Staff's Signature(s)

For Recording Phone Use Only 只供電話錄音使用

AE / Staff Name:
Telephone of AE / Staff:
Recording Date:
Recording Time: : : am / pm
Remark:

(公司蓋章，如適用 with company chop, if applicable)

For Internal Use Only 只供本公司使用

Client A/C No.	Purpose of SI		Remark		
Signature Verified By	Prepared By	Checked By	Approved By	Inputed By	Input Checked By
				CCASS BO	CCASS BO