

香港灣仔港灣道30號新鴻基中心25樓2526-2536室 ROOM2526-2536, 25F, SUN HUNG KAI CENTRE, 30 HARBOUR ROAD, WANCHAI, HONG KONG TEL: (852) 2262 7228 EMAIL: cs@greatbaysec.com WEBSITE: www.greatbaysec.com

客戶提款表格 Fund Withdrawal Form

致 : 交收部 Attn. : Settlement Departn	nent		
5名 (中文) : NC Name (Chi) 5名 (英文) : NC Name (Eng)		日期: Date 帳號: A/C No.	(Cash 現金 / Margin 孖展)
請從本人/吾等在貴公司開設的證券交易 Please withdraw from the Securities 港元 HKD		ened with your	company
請依照下列指示處理本人/吾等的提款打Please handle the withdrawal amo	* * *		
□ 存入本人/吾等之登記銀行帳戶 □ (Deposit in my registered local bank account)		親身前往貴公司提取劃線支票一張 (Issue a crossed cheque to be collected by me/us in person at your office)	
本人/吾等同意及明白責公司需要時間處理以上之指示並且保留權利拒絕接受本人/吾等的指示,並且本人/吾等將會承擔可能因此轉款,而引致 之爭議、損失、責任及有關風險。如帳戶在提款後出現結欠,本人/吾等同意支付欠款所產生之利息。本人/吾等謹此聲明所轉帳的款項及轉款的 目的並不涉及恐怖分子集資活動:從販毒所得資金:及/或組織及嚴重罪行的得益。I/We agree and understand that your Company needs time to process my/our instruction and reserves the rights to reject my/our withdrawal instruction, and I/we shall wholly be responsible for any disputes, losses, liabilities and the relevant risks, which may arise from the fund transfer. I/We agree to pay interest in respect of any debit balance on the account after withdrawal. I/We hereby confirm that the funds to be transferred and the purpose of transfer are not involved in terrorist financing activities, proceeds of drug trafficking and/or proceeds of organized and serious crimes.			
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戶口持有人簽署 Client's Signature (請用留存本公司印鑑簽署)			
For Settlement Department Use	For A/C Department Use		
Input By:	Bank:	C	Chq No.:
Checked By:	Prepared By:	C	Checked By:
Date:	Date:		