

致: 佳兆業金融集團有限公司 - 結算部
 To: Kaisa Financial Group Company Limited - Settlement Department
 香港中環皇后大道中 99 號中環中心 30 樓
 30/F, The Center, 99 Queen's Road Central,
 Central, Hong Kong

傳真號碼
 Fax No: (852) 3965-7188

日期
 Date: _____

提款表格 Withdrawal Form

客戶名稱 Account Name		戶口號碼 Account No.
幣種 Currency <input type="checkbox"/> HKD** <input type="checkbox"/> USD** <input type="checkbox"/> CNY**	提取金額 Withdrawal Amount \$	生效日期 Value Date
<input type="checkbox"/> 支票 Cheque (無需手續費) ** <input type="checkbox"/> 本地銀行轉帳 CHATS (手續費 HKD200) ** <input type="checkbox"/> 電匯 TT Remittance (手續費 HKD300) **		
<input type="checkbox"/> **存入客戶已登記之存款戶口 Please deposit to client's designated bank account registered with the company <input type="checkbox"/> **存入本人之如下銀行 Please deposit to my below bank account 銀行名稱 Bank Name: _____ 帳戶號碼 Bank A/C Number: _____ 銀行地址 Bank Address: _____		
<input type="checkbox"/> **其他 Others _____		
** 請於適當格內劃上“✓”號 Please tick in the appropriate box with a “✓”		
_____ 客戶簽署 Client's Signature	_____ 客戶主任簽署 AE's Signature	茲收到上述支票 Acknowledge receipt of the above-mentioned cheque _____ 簽署 Signature
本公司專用 For Office Use Only		
Signature Verified & Inputted by:	R.O. Approval:	Finance Dept:
		Compliance/Risk Management:

備註 Remarks: 簽發銀行 Issued Bank _____ 支票號碼 Cheque No. _____

帳戶總結餘: Grand Balance of Account	Cr / Dr: \$
可供提取結餘: Net Balance of Account	Cr / Dr: \$