

致: 佳兆业金融集团有限公司 - 结算部  
 To: Kaisa Financial Group Company Limited - Settlement Department  
 香港中环皇后大道中 99 号中环中心 30 楼  
 30/F, The Center, 99 Queen's Road Central,  
 Central, Hong Kong

传真号码  
 Fax No: (852) 3965-7188

日期  
 Date: \_\_\_\_\_

## 提款表格 Withdrawal Form

客户名称 Account Name		户口号码 Account No.	
币种Currency <input type="checkbox"/> HKD** <input type="checkbox"/> USD** <input type="checkbox"/> CNY**	提取金额 Withdrawal Amount \$	生效日期 Value Date	
<input type="checkbox"/> 支票 Cheque (无需手续费) ** <input type="checkbox"/> 本地银行转账 CHATS (手续费 HKD200) ** <input type="checkbox"/> 电汇 TT Remittance (手续费 HKD300) **			
<input type="checkbox"/> **存入客户已登记之存款户口 Please deposit to client's designated bank account registered with the company <input type="checkbox"/> **存入本人之如下银行 Please deposit to my below bank account 银行名称 Bank Name: _____ 帐户号码 Bank A/C Number: _____ 银行地址 Bank Address: _____			
<input type="checkbox"/> **其他 Others _____			
** 请于适当格内划上“✓”号 Please tick in the appropriate box with a “✓”			
_____ 客户签署 Client's Signature	_____ 客户主任签署 AE's Signature	兹收到上述支票 Acknowledge receipt of the above-mentioned cheque  _____ 签署 Signature	
<b>本公司专用 For Office Use Only</b>			
Signature Verified & Inputted by:	R.O. Approval:	Finance Dept:	Compliance/Risk Management:

备注 Remarks: 签发银行 Issued Bank \_\_\_\_\_ 支票号码 Cheque No. \_\_\_\_\_

账户总结余: Grand Balance of Account	Cr / Dr: \$
可供提取结余: Net Balance of Account	Cr / Dr: \$