

投資者/ 股票交收指示表格

Investor/ Securities Settlement Instruction (I.S.I./ S.I.) Form

To: 金裕富證券有限公司
Golden Rich Securities Limited
香港灣仔駱克道 188 號兆安中心 22 樓
22/F., Siu On Centre, 188 Lockhart Road, Wan Chai, Hong Kong

日期
Date _____

電話
Tel : (852) 2377-6893

傳真
Fax : (852) 2660-0335

Attn: 結算部 Settlement Department

帳戶號碼
Account No. _____

帳戶名稱
Account Name _____

本人/ 吾等特此通知貴公司(請"✓"以下其中一個)
I/ We Hereby instruct your Company to: (Please "✓" one of the followings)

將下列股票存入本人/ 吾等之證券戶口
☐ **RECEIVE** the following securities for my/ our securities account

由本人/ 吾等之證券戶口提取下列股票
☐ **DELIVER** of the following securities for my/ our securities account

並透過中央結算及交收系統，按以下內容執行交收指示
Via Central Clearing and Settlement System (CCASS) to effect the settlement in accordance with the following details :

結算所投資者帳戶/ 參與者名稱
CCASS Investor/ Participant Name _____

交收日期
Settlement Date _____

結算所投資者帳戶/ 參與者代號
CCASS Investor/ Participant I.D. No. _____

聯絡人姓名
Contact Person _____

電話
Tel _____

| 交收詳情 | | | 職員專用 | |
|--------------------|--------------------|-----------------------|---------------------------|---------------|
| Settlement Details | | | For Staff Use Only | |
| 股票號碼 Stock Code | 股票名稱 Stock Name | 股份數目 No. of Shares | 交收指示參考編號 S.I. Ref. No. | 備註 Remarks |
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付款指示
Payment Instruction: ☐ Free of Payment

無須付款

付予港幣
☐ Against payment of HK\$ (_____)

本人/ 吾等確認上述股票的實益擁有權並沒有因進行本交收指示而出現變動。本人/ 吾等亦承諾就本交收指示所可能令貴公司蒙受或承擔的任何費用或開支，當中包括但不限於印花稅，向貴公司作出彌償及使之獲得彌償。
I/ We confirm that there is no change in beneficial ownership through effecting this settlement instruction. I/ We also undertake to indemnify and keep your Company indemnified in respect of any costs and expense, including but not limited to stamp duty, whatsoever which may be suffered or incurred by you in connected with this settlement instruction.

☐ 根據客戶電話指示
According to customer's phone instruction

錄音電話號碼
Record phone no. _____

日期及時間
Date & time: _____

客戶簽署 (請用留存本公司之印鑑簽署)
Client Signature(s) (Please use signature(s)/ chop(s) filed with Company)

經紀簽署
Requested by A.E. (_____)

| 公司專用 For Office Use Only | | | |
|--------------------------|---------------------|-----------------------|-------------|
| AE Code | Request Received on | Signature Verified by | Checked by |
| CCASS Input by | CCASS Authorized by | Input by | Approved by |