

日期	年/月/日

Telegraphic Transfer Application Form 電匯申請書

Please return your completed form by fax to **(852) 2180 9168**, or by mail to **Settlement Department**, Suit 3212-16 One International Finance Centre, No 1 Harbour View Street, Central, H.K., 請將已填妥的表格傳真至**(852) 2180 9168** 或郵寄至香港中環港景街一號國際金融中心一期3212-16交收部。

Payment Currency 付款貨幣	:		Amount 金額	:	
Bank and Sub-branch Name 銀行及支行名稱	:				
Bank Address of Detail 銀行詳細地址	:				
Contact No. of Bank 銀行電話	:				
Beneficiary Name 收款人姓名	:				
Beneficiary Account No. 銀行戶口號碼	:				

Client's Signature 客戶簽署: _____
(With Company Chop, if any / 如屬公司客戶請連印章)

Client Name 客戶名稱: _____

Account No. 戶口號碼: _____

Contact No. 聯絡電話: _____

- ** All bank charges will be deducted from payment amount with client.
If client have not provide the full bank detail that the telegraphic transfer may be cause to delay.
- ** 所有滙款費用均從客戶滙款中扣除。
如客戶未能提供開戶銀行詳細名稱、銀行地址或電話，可能會擔誤滙款

Signature verified by:	Approved by :