

Goldhorse Securities Limited 金馬證券有限公司

Participants of The Stock Exchange of Hong Kong Limited 香港聯合交易所有限公司參與者 SFC C.E. No. 證監會中央編號: BFU406 Unit 4308, 43/F, COSCO Tower 183 Queen's Road Central, Hong Kong 香港皇后大道中 183 號中遠大廈 43 樓 4308 室

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Fund Withdrawal Form 資金提款表格

Account Name 帳戶名稱:				Account Number 帳戶號碼:	Account Number 帳戶號碼:				
I/We hereby request Goldhorse Sect 本人/吾等特此要求金馬證券有限				-	rawal o	f fund:			
WITHDRAWAL INSTRUCT	ΓΙΟΝ	提款指示							
Withdrawal Amount		HKD 港幣				CNY 人民幣			
提款金額		USD 美元				Others 其他:			
Withdrawal Date 提款日期									
Withdrawal Type 提款方式		Bank Transfer 銀行轉帳 Local Remittance 本地匯款/CHATS 轉帳到香港註冊銀行 ¹							
		Bank-In Cheque 支票存入 ²							
		Others 其他:							
Bank Service Charge 銀行手續費	† 🔲	Deduct from the Account 從帳戶中扣除 Deduct from the Withdrawal Amount 從提款金額中扣除							
Deposit To 存款至		The designated beneficiary bank account that has been registered with GHSL 已於金馬證券登記之指定收款銀行帳戶							
	☐ The following beneficiary bank account 以下收款銀行帳戶³:								
	Bank Name 銀行名稱:								
	Bank Account I	No.	帳戶號碼:						
		Name of Accou	nt Holder	帳戶持有人名稱	:				
		Bank Address		銀行地址:					
		Bank SWIFT C	ode/BIC	銀行代碼/商業識	別碼:				
 Subject to bank charges of beneficiary ban Only applicable to HKD, USD and CNY. 									
³ Please provide a copy of your bank statem	ent or bar	nk card which shows y	our full name.	請提供顯示閣下/吾等全	全名的銀行	厅結單或銀行卡。			
Please Note 請注意: i. GHSL does NOT accept any fo	rm of th	ird-party fund with	drawal other	than the full name of	the Clier	nt·			
除以客戶的全名外,金馬證券				than the full hame of	uic Chei	ιι,			
ii. Request for fund withdrawal rereceived after the cut-off time of 金馬證券於工作日截數時間(要求將於下一個工作日處理;	r on Sat 即,上	urday, Sunday and	public holida	ays will be processed of	on the ne	xt business day; and			
iii. Pursuant to the "Guideline on A identity of withdrawer or even 根據「打擊洗錢及恐怖分子資	eject su	ch fund withdrawal	•	-		-		rights to ask for the	
					S.V.				
Client/Authorized Person Signature 客戶/獲授權人簽署			Date 日期						
	=								
		of HK\$1M or above							
<u> </u>	isk Department		Finance Department Input by Settlement Department			Approved by Responsible Officer			
Signature: Signa	iture:		Signature:		Signatu	re:	Signature:		
Name: Date: Name	:	Date:	Name:	Date:	Name:	Date:	Name:	Date:	