

Physical Scrip Withdrawal Instruction 股票实货提取指示

| Client Name 客户名称 | | | | | | | Account Number 账户号码 | | | | |
|--|--|--|------------|---------------------------------------|-------------------------|--------|------------------------|---|---------------------------|--|--|
| | | | | | | | | | | | |
| I/We hereby authorize PC Securities Limited to withdraw the following securities from my/our above said account in physical scrip. Please debit the physical scrip withdrawal fee from my/our account on the same day that I/we give this instruction to you company. 本人/吾等授权贵公司从上述户口中,提取以下之股票实货,请在发出此指示当日,于本人上述之证券户口内扣除所需提货费用。 | | | | | | | | | | | |
| 一个人/音导技权员公司从上处// 口中,旋取从下之成宗关员,请任及山此指小当口,于个人上处之业分// 口内扣标用需旋贝页用。 FOR OFFICE USE ONLY | | | | | | | | | | | |
| | Stock Code 股票编号 | DOCK NAME NO. Of StrateS ID. 即面分類 即面外具 No. of scri | | ation 分拆数量 f scrip 张数 antity 数量 | CCASS Withdrawal No. | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 1. 2. 3. | withdrawal instruction to us after that period, and the deducted fees are non-refundable. 客户请于本公司通知可以领取股票后 两星期内 ,到达本公司领取。如过期仍未领取,客户必须重新办理提取股票实货手续,所扣除费用将不发还。 There is no guarantee that the instruction of stock denomination from client will be fully accepted. The accepted instruction may be divided into different scripts with different denomination. 本公司概不保证客户之分拆申请可获全数接纳,获接纳之申请可能为多张不同面额之股票。 | | | | | | | | | | |
| ■ Signature 签署 | | | | | | | | | | | |
| Signature of Main Account Holder 主要账户持有人签署 X | | | | | | | | D | ate 日期: dd日 / mm月 / yyyy年 | | |
| Signature of Joint Account Holder 联名账户持有人签署 🗶 | | | | | | | | D | ate 日期: dd日 / mm月 / yyyy年 | | |
| I/We hereby confirm receipt of the above securities being delivered to me/us by your company. 本人/吾等 确认收妥贵公司交付上述股票。 | | | | | | | | | | | |
| | me | <u> </u> | | Signature 签署 | | | | | | | |
| | ssport No. / HKI 照号码 / 香港身 | | | | Date 日期 | | | | | | |
| FOR OFFICE USE ONLY Date: | | | | | | | | | | | |
| CCASS Pick Up Date : | | | | Handled by | Handled by | | Remark | | | | |
| Inform Client Date : | | | | Handled by | | Remark | | | | | |
| Client Pick Up Date: | | | | Handled by | | | Remark | | | | |
| Signature Verified by | | d by | Handled by | CCASS & B.O. Maker | | CCA | ASS & B.O. Checker | | R.O. | | |