

CHANGE OF ACCOUNT INFORMATION

更改户口资料

To 致: Sunfund Securities Limited 东皓证券有限公司
18th Floor, Hip Shing Hong Centre,
No. 55 Des Voeux Road Central, Central, Hong Kong
香港中环德辅道中 55 号协成行中心 18 楼

Date 日期: _____

Tel 电话: (852) 2292 5515
Fax 传真: (852) 2292 5555

Account No. 帐户号码: _____

Account Name 帐户名称: _____

I/We hereby request Sunfund Securities Limited to amend the account information(s) stated below: 本人/吾等现要求东皓证券有限公司更改以下所列之户口资料:

<input type="checkbox"/> Change of Address 更改地址: (Please submit with proof of address 请附上地址证明)			
<input type="checkbox"/> Residential & Permanent Address 住宅及永久地址	<input type="checkbox"/> Registered Office 注册办事处	<input type="checkbox"/> Business Address 业务地址	<input type="checkbox"/> Correspondence Address 联络地址
Address 地址: _____			
<input type="checkbox"/> Change of Contact No. 更改联络号码:			
Mobile Number 流动电话: _____		Home Tel. Number 住宅电话: _____	
Facsimile 传真: _____		Office Tel. Number 办公室电话: _____	
<input type="checkbox"/> Change of EMAIL Address 更改电邮地址:			
<input type="checkbox"/> Change of Bank Information 更改交收银行资料:			
Name of Bank 银行名称: _____		Currency 货币: _____	
Account Number 户口号码: _____			
In case of Joint Account, cheque payable to 如属联名账户, 支票交付予:			
<input type="checkbox"/> 1st Account Holder 第一户口持有人		<input type="checkbox"/> 2nd Account Holder 第二户口持有人	
<input type="checkbox"/> Joint Account Holders 联名账户持有人			
<input type="checkbox"/> Change of Employer Information 更改雇主数据:			
<input type="checkbox"/> Subscription 申请 / <input type="checkbox"/> Change 更改 / <input type="checkbox"/> Termination 取消 of Online Real-time Price Quote Service 网上实时报价服务			
<input type="checkbox"/> Cancellation of Account (Original Only) 取消账户 (必须递交正本)			
With effect from _____ YYYYY MM DD, 请由(日期) _____ 年 _____ 月 _____ 日起			
please terminate my/our account(s) 取消本人吾等之以下账户:			
<input type="checkbox"/> Securities Account (Cash) 证券账户(现金)		<input type="checkbox"/> Securities Account (Margin) 证券账户(保证金)	
<input type="checkbox"/> Discretionary Account 全权委托户口			
<input type="checkbox"/> Cancellation of Third Party Authorization (Original Only) 取消第三者操作账户之授权 (必须递交正本)			
With effect from _____ YYYYY MM DD, 请由(日期) _____ 年 _____ 月 _____ 日起			
please terminate my/our account(s)'s third party authorization 取消本人/吾等之以下账户之第三者操作账户之授权:			
<input type="checkbox"/> Securities Account (Cash) 现金账户		<input type="checkbox"/> Securities Account (Margin) 保证金账户	
Others 其它:			

Signed by Client 客户签署 (With Company Chop for Corporate Account 公司账户请附上公司印章)

Date 日期: _____

For Office use only 本公司内部使用

Received By:	Checked By:	Input By:	Approved By:
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