

Payment Instruction 付款指示

To: Mayfair & Ayers Financial Group Limited
致: 峰滙金融集團有限公司

<input type="checkbox"/> Internal Transfer 內部調撥	<input type="checkbox"/> Local Withdrawal 香港本地提款	<input type="checkbox"/> TT Remittance 海外電匯	<input type="checkbox"/> Currency Exchange 貨幣兌換
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Account Name: _____ 帳戶名稱: _____ Account No.: _____ 帳戶號碼: _____ Payment Currency: <input type="checkbox"/> HKD 港元 <input type="checkbox"/> USD 美元 <input type="checkbox"/> Others 其他 _____ 支付貨幣: _____ In Words: _____ 大寫: _____	<input type="checkbox"/> Securities Account 股票帳戶 <input type="checkbox"/> HK Stock Option Account 香港股票期權帳戶 <input type="checkbox"/> Futures Account 期貨帳戶 <input type="checkbox"/> US Stock Option Account 美國股票期權帳戶 Payment Amount: _____ 支付金額: _____
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Please fax this form to (852) 3192 1121 before **12:00 noon** HK time on business day. Instruction received after the cut-off time or on Saturdays, Sundays and public holidays will be processed on the next business day.

請於工作日香港時間**中午12:00前**將本表格傳真至(852) 3192 1121。在截數時間後或星期六、日及公眾假期收到的客戶指示將在下一個工作天辦理。

1 Internal Transfer 內部調撥	
Transfer to 轉至 (please select 請選擇) Securities 證券 / Futures 期貨 / HK Stock Options 香港股票期權 / US Stock Options 美國股票期權	Account No. 帳戶號碼

Please select the following methods: 請選擇以下支帳方式

2 Local Fund Withdrawal 本地資金轉帳 (註: CIES戶口不可提取投資本金)	
<input type="checkbox"/> Crossed cheque 收票人過戶支票 <input type="checkbox"/> 電子現金付款 CHATS *	Bank 銀行
Payee 收款人	Bank Account No. 銀行戶口號碼

3 Telegraphic Transfer 電匯方式過戶*		
Beneficiary Name 收款人姓名	Beneficiary Account No 收款人戶口號碼	
Receiving Bank 海外收款銀行	SWIFT Code	
Bank/Branch Address 銀行/分行地址	Bank Code 銀行代號	Branch Code 分行代號
Intermediary Bank (if applicable) 中轉銀行 (如適用)	SWIFT Code	
Intermediary Bank Address (if applicable) 中轉銀行地址 (如適用)	Bank Code 銀行代號	Branch Code 分行代號

4 Currency Exchange Service 貨幣兌換服務					
BUY 買入	Currency 貨幣	Amount 金額	SELL 沽出	Currency 貨幣	Amount 金額

* Client shall bear all bank charges in processing the fund withdrawal. 客戶需自行承擔銀行辦理有關服務的收費。

Client Signature(s) 客戶簽署 / Requested by A.E. [Ext. No. _____ #] _____ Date 日期 _____	Approved by Dept./Team Head _____ Date 日期 _____
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By Tel. Record (if applicable)

For Internal Use Only

Signature verified by:	Input by OPS:	Checked by OPS:	Remarks: CIES Withdrawal/Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No
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