

Limited Company

To: Chong Hing Bank Limited

We, the undersigned, being *Chairman / *Director and Secretary of _____
("the Company"), a company incorporated in _____ whose registered office is
situated at _____,

hereby certify that the following is a true extract of resolutions duly passed by the Board of Directors of the Company
and recorded in the minutes of the Board of Directors held on _____, and have not
been subsequently rescinded or modified:-

Resolved:

1. That the Company should apply for Telephone Banking Services("the Services") from Chong Hing Bank Limited ("the Bank"), subject to the terms and conditions contained in Telephone Banking Services Application Form and the Bank's Terms and Conditions for the Services tabled at this meeting or otherwise annexed hereto; and

2. That the terms and conditions of the said Application Form and the Terms and Conditions be approved and * any _____ of the Directors of the Company *the current authorized signatory or (if more than one signatory is required) signatories of the Company's account covered by the Services be authorized to execute for and on behalf of the Company any documents pertaining to the Services from time to time as such person(s) executing the same shall in his/their discretion deem necessary and that his or their execution thereof shall be deemed to be conclusive evidence of the Company's approval and acceptance of their terms and conditions.

Signed by:

Signed by:

Position : *Chairman / *Director
Name :
Date :

Position : Secretary
Name :
Date :

* Please amend as appropriate

To: Chong Hing Bank Limited

Corporate A/C

Telephone Banking Services Application Form

Company Name : _____ (English)

: _____ (Chinese)

Registered / Principal

Business Address : _____

Telephone No. : _____ Fax No. : _____

Business Registration : _____ Certificate Incorporation No. : _____

We apply for Telephone Banking Services ("the Services"). We confirm that we have received, read, and understood your Terms and Conditions for the Services and those in this application form, and agree to be bound by the same.

We agree that the Services shall be applicable to our following Related Account(s) (as defined in the Terms and Conditions) :-

Primary Account No. : _____* (Current / Savings)

Second Account No. : _____(Current / Savings/ Fixed Deposit Customer No.)

Third Account No : _____(Current / Savings/ Fixed Deposit Customer No.)

Fourth Account No. : _____(Current / Savings/ Fixed Deposit Customer No.)

Fifth Account No. : _____(Current / Savings/ Fixed Deposit Customer No.)

We further agree that the current authorized signatory or (if more than one signatory is required) signatories of any of the above Related Account(s) is/are duly authorized by us:

1. To give notice to you, apply for, vary, conclude or sign any agreement or document in connection with the Services in respect of above Related Account(s) on our behalf from time to time; and
2. To require you to extend the Services to, or discontinue the Services from any of the Related Account(s) on our behalf from time to time.

Date : _____ Authorized Signature(s) : _____

* The specimen signature of the Primary Account shall be our specimen signature for all purposes and transactions involving the Services. The address at your record in relation to such Primary Account will be treated as the correspondence address for all our above accounts.

For Bank Use Only

Branch Verify:	CID :	TBS NO :
Branch Approval :	EDP :	Input :