

To: Chong Hing Bank Limited

1. I/We, the undersigned, trading in the name of _____, jointly and severally (in the case of partnership) apply for the Telephone Banking Services ("the Services"). I/We confirm that I/we have received, read and understood your Terms and Conditions for the Services and those contained in the Services Application Form, and agree to be bound by the same.
2. I/We agree that **any one of us *the current authorized signatory or (if more than one signatory is required) signatories of my/our accounts covered by the Services* be authorized to execute for and on our behalf 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 my/our approval and acceptance of their terms and conditions.

Signature of * Sole Proprietor/ * Partner

* Signature of Partner

Name :

Name :

HKID No./
Passport No.:

HKID No./
Passport No.:

Date :

Date :

- * Please amend as appropriate
- For Partnership account, all partners should sign.

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 :