

致：創興銀行有限公司

公司賬戶

電話銀行服務申請表

公司名稱： _____ (英文)
_____ (中文)

電話號碼： _____ 傳真號碼： _____

商業登記證號碼： _____ 公司註冊證明書號碼： _____

指定郵遞密碼收件人姓名： _____

吾等茲申請電話銀行服務「該服務」。吾等確認已收到及細閱 貴行之章則及條款，及已詳悉其內容並同意受該等章則及條款約束。

吾等同意該服務適用於吾等下列各有關賬戶(有關賬戶之定義，參閱章則及條款)：

基本賬戶號碼 / 電話銀行服務客戶號碼： _____ (港幣支票 / 港幣儲蓄 / 多種貨幣儲蓄)

第二賬戶號碼： _____ (支票 / 儲蓄 / 定期)

第三賬戶號碼： _____ (支票 / 儲蓄 / 定期)

第四賬戶號碼： _____ (支票 / 儲蓄 / 定期)

第五賬戶號碼： _____ (支票 / 儲蓄 / 定期)

第六賬戶號碼： _____ (支票 / 儲蓄 / 定期)

第七賬戶號碼： _____ (支票 / 儲蓄 / 定期)

第八賬戶號碼： _____ (支票 / 儲蓄 / 定期)

此外，吾等同意現時被吾等授權之有關賬戶簽署人或(如需一位以上簽署人)簽署人等，茲特獲吾等授權：

- 1 代表吾等就有關賬戶隨時向 貴行發出通知、申請、更改、訂定或簽署任何涉及該服務之合同或文件；及
- 2 代表吾等隨時要求 貴行增加或終止任何有關賬戶之電話銀行服務。

日期： _____

授權簽署： _____

S.V.

*基本賬戶之印鑑式樣將作為一切有關電話銀行服務交易之印鑑式樣。於 貴行之基本賬戶地址記錄亦為上述有關賬戶之通訊地址。

銀行專用 For the Bank's Use Only				
BRANCH		RCCB		
INP.	VER.	S.V.	INP.	VER.

To : Chong Hing Bank Limited

Corporate A/C

Telephone Banking Services Application Form

Company Name : _____ (English)

: _____ (Chinese)

Telephone No. : _____ Fax No. : _____

Business Registration No. : _____ Certificate of Incorporation No. : _____

Designated PIN Recipient (by post) : _____

We apply for Telephone Banking Services (“the Services”). We confirm that we have received, read, and understood 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. /Telephone Banking Services No. : _____ (HKD Current / HKD Savings / Multi-Currency Savings)

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

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

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

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

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

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

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

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 :

- 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
- To require you to extend the Services to, or discontinue the Services form any of the Related Account(s) on our behalf from time to time.

s.v.

Authorized

Date : _____

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.

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