



Securities Settlement Instruction 股票交收指示

Client Number: 客戶號碼：	Client Name: 客戶姓名：
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Please put a ✓ in the appropriate box. 請在合適方格內加✓號。

<input type="checkbox"/> Please receive the securities below for my/our above securities account 請將下列證券存入本人/吾等上述證券帳戶	<input type="checkbox"/> Please deliver the securities below from my/our above securities account 請將下列證券由本人/吾等上述證券帳戶交付
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And input the following Settlement Instructions (SI) / Investor Settlement Instructions (ISI) into the Central Clearing and Settlement System (CCASS) to effect the settlement in accordance with details below: 並根據下列資料將交收指示透過中央結算及交收系統執行交收指示：

<input type="checkbox"/> Settlement Instruction 交收指示			
Counterparty Name : 對手名稱		Counterparty No. : 對手編號	
Contact Person of Counterparty : 對手聯絡人		Tel No. : 電話號碼	
<input type="checkbox"/> Delivery Versus Payment (DVP) 貨銀對付交收	<input type="checkbox"/> Free of payment (FOP) 無須付款交收	Settlement Date : dd日 mm月 yyyy年 交收日期	
<input type="checkbox"/> US Market 美股市場			
<input type="checkbox"/> Direct Registration System (DRS)		<input type="checkbox"/> Deposit & Withdrawal at Custodian (DWAC)	
<input type="checkbox"/> Broker-to-Broker DTC Code _____			
<input type="checkbox"/> Investor Settlement Instruction 個人投資者交收指示			
Investor Account No. : 結算所投資者帳號		Tel No. : 電話號碼	

Stock Code 股票編號	Stock Name 股票名稱	Quantity 股數	DVP Settlement Amount (if Applicable) 貨銀對付收款額 (如適用)

I/We hereby confirm that there is no change of beneficial ownership involved in this transfer.
本人/吾等確認在這次交收中實益擁有權沒有變更。

Remarks 備註:

Please put a ✓ in the appropriate box. 請在合適方格內加✓號。
Please submit the completed form to us by 12:00 noon for same day processing. 請於中午 12 時前呈交已填妥的指示以作即日辦理。
Settlement of this request will take place or after the Value Date where applicable. 此指令將於生效日期或之後的適當日期交收。

Client Signature (with Company Chop, if applicable) 客戶簽署 (公司蓋章, 如適用)	AE Name 經紀名稱:
日期 Date: _____ dd 日 _____ mm 月 _____ yyyy 年	AE Code 經紀編號: _____ Date 日期: _____

For Official Use Only

Received Date	Received Time	Signature Verified by	Checked by	CCASS/Counterparty Inputted by	CCASS/Counterparty Authorized by	BO System Inputted by	BO System Authorized by
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date: