

Client Deposit Confirmation Form
客戶存款確認書

To: Sun Hung Kai Investment Services Limited ("SHKIS") 新鴻基投資服務有限公司 (「新鴻基投資」)
致 Sun Hung Kai Commodities Limited ("SHKCOM") 新鴻基期貨有限公司 (「新鴻基期貨」)
 Sun Hung Kai Forex Limited ("SHKFX") 新鴻基外匯有限公司 (「新鴻基外匯」)
 Sun Hung Kai Bullion Company Limited ("SHKB") 新鴻基金業有限公司 (「新鴻基金業」)
 SHK Online (Securities) Limited ("SHKOS") 新鴻基科網 (證券) 有限公司 (「新鴻基科網」)
(collectively referred to as "EBSHK" 統稱為「光大新鴻基」)

Name of Customer 客戶名稱: _____ Account No. 帳戶號碼: _____

1. I, the above account holder, hereby confirm the Deposit details as below 本人為以上帳戶持有人並確認存款詳情如下:

a) Amount 金額:		
b) Date of Deposit 存款日期:		
c) Type of Deposit 存款類別:		
<input type="checkbox"/> Cash 現金	Reason for cash Deposit 存入現金之原因 (must specify 必須註明):	
<input type="checkbox"/> Cheque 支票	Issuing Bank 開票銀行: Cheque No. 支票號碼:	
<input type="checkbox"/> Bank Transfer 銀行轉帳	Name of Bank 銀行名稱: Bank a/c No. 銀行戶口號碼:	
<input type="checkbox"/> PPS 繳費靈	<input type="checkbox"/> Bill Payment 繳費服務	<input type="checkbox"/> Others 其他 (must specify 必須註明):

2. I confirm that the Deposit is for the credit of the captioned account held by myself with the Company.
本人確認有關存款應存入本人於貴公司開設的上述戶口。
 Supporting document, e.g. Transaction Advice, is attached. 存款人提供支持文件，如：交易通知書。
3. I further confirm that the Deposit is belonged to me and deposited by myself.
本人進一步確認，上述款項屬本人所有並由本人存入貴公司。
 Yes 是
 No 否 (Please also provide the Third Party Deposit Form 請填寫第三者存款表格)
4. In consideration of your accepting and acting on the above confirmation, I hereby agree and undertake to indemnify and keep you, your directions, officers, employees, agents and correspondents indemnified against all claims, damages, actions, proceedings, losses, costs and expenses which may be brought against, suffered or incurred by you or them arising out of anything done or omitted pursuant to the confirmation as aforesaid.
就貴公司接受及依據上述確認行事，本人謹此同意及承諾向閣下、閣下之董事、行政人員、僱員、代理人及有關人仕，對閣下或他們可能因依據上述確認而做出或略去不做的事情而蒙受或招致的索償、賠償、法律行動、法律程序、損失、費用及支出作出彌償。

Confirmed by Depositor
存款人確認

S.V.

Approved by Responsible Officer (or Delegate(s))
負責人員(或其代表)批核

Name 姓名:

Date 日期:

Name 姓名:

Date 日期: