

存款表格
Fund Deposit Form

客戶名稱 Client Name	帳戶號碼 Account Number

請用正楷填寫,在適用處剔 Please complete in Block Letter, tick where appropriate

存款金額 Deposit Amount	\$	存入日期 Deposit Date	(DD/MM/YYYY)
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存款銀行 Deposit Bank			
帳戶名稱 Account Name	Gaoyu Securities Limited 高裕證券有限公司		
貨幣 Currency	港元(HKD)	美元(USD)	人民幣(RMB)
銀行名稱 Bank Name			
渣打銀行(香港)有限公司 Standard Chartered Bank, Hong Kong	<input type="checkbox"/> 447-105-66754	<input type="checkbox"/> 447-107-05800	<input type="checkbox"/> 447-069-65631
中國銀行(香港)有限公司 Bank of China (Hong Kong) Limited	<input type="checkbox"/> 012-676-2018-1973	<input type="checkbox"/> 012-676-2018-1986	<input type="checkbox"/> 012-676-2018-1986
恒生銀行有限公司 Hang Seng Bank Limited	<input type="checkbox"/> 395-698814-883		

存款形式 Deposit Type			
<input type="checkbox"/> 本地銀行轉帳 Local Bank Transfer	<input type="checkbox"/> 轉數快 FPS Transfer	<input type="checkbox"/> 本地電匯 CHATS	
<input type="checkbox"/> 外地電匯 Telegraphic transfer	<input type="checkbox"/> 支票	支票號碼: _____	

通知方式 Notice by			
<input type="checkbox"/> 電話 Phone	<input type="checkbox"/> 電郵 Email	<input type="checkbox"/> 聊天軟件 E-Chat	<input type="checkbox"/> 親身 In Person

備註 Remarks:

- 存款後請提供存款收據給本公司,並請在收據上註明貴戶之帳戶號碼,如果收據上未能顯示來源者之名字,客戶必須同時提供匯款來源資料(例如:支票覆印件,匯款收據等須清楚顯示銀行賬戶持有人姓名及賬號),以核實存款者的身份。After deposit, please send deposit receipt (either original, copy or scan) to our Company, please also remark account number on the receipt. If source of the funds can't be indicated in the receipt, client must provide supporting information (such as copy of cheque, remittance receipt etc showing name of bank account holder and account number clearly) to verify depositor's identity.
- 本公司不接受現金及第三者(即不是客戶本人)之存款。Cash and third party deposit is not acceptable to us.
- 公司的存款截數時間為每個交易日的下午 4:00,若客人在此時間後通知存款,將會於下個交易日處理。The deposit instruction cut-off time is 4:00pm of every business day. If any valid instruction is received by our company on or after 4:00pm, we will not guarantee the deposit instruction can be processed on the same date.

客戶簽署 Client's Signature(s) 日期 Date :		只供電話錄音申請使用 For Application Via Phone Only	
		AE/Staff Name :	_____
		Recording Phone No. :	_____
		Recording Date :	_____
		Recording Time :	_____

For Internal Use Only 內部專用			
AE	Input by	Checked by	Approved by
(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)