

Products Transfer Instruction

產品轉移指示

I/We hereby request your company to ACCEPT the following securities/bonds transfer instruction related to my/ our securities account maintained with your company.

本人/吾等現請求貴公司接納關於本人/吾等證券賬戶之證券/債券轉移指示, 詳列如下:

Please select where appropriate 請選擇適用者

Securities Account Name 證券賬戶名稱				
Securities A/C No. 證券賬戶號碼		Instruction Type 指示類別	<input type="checkbox"/> Receive 收取	
Expected Settlement Date 預期交收日期			<input type="checkbox"/> Deliver 交付	
Products Market 產品市場	<input type="checkbox"/> HK 香港 <input type="checkbox"/> Global 環球 <input type="checkbox"/> Bonds 債券			
Name of Products 產品名稱	Product Code 產品編號	Quantity 數量	Payment Instruction# 付款指示	Fees (For internal use) 費用 (內部使用)
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
			<input type="checkbox"/> FOP or <input type="checkbox"/> DVP	
*FOP=Free of Payment (毋須付款), DVP= Delivery versus Payment (貨銀對付) *Must be completed 必須填寫				Total:

*Name of Counterparty 對應方名稱	
CCASS ID (if applicable) / Account Name & No. 中央結算系統編號 (如適用) / 帳戶名稱及號碼	
*Contact Person/Channel (Email/ Phone) 聯絡人/渠道(電子郵件/電話)	

Authorization to debit 扣賬授權

I/We hereby authorize you to debit my/our designated securities account maintained with Victory Securities Company Limited for payment of all fees, charges (if any) in consideration of services rendered and expenses incurred.
 本人/吾等現授權貴公司由本人/吾等所指定之證券賬戶內扣除因提供服務而產生所需之費用、收費及支出。

Settlement details

Company Particulars

Name	Victory Securities Company Limited (CCASS ID: B01445)
Address	Room 1101-03,11/F, Yardley Commercial Building, 3 Connaught Road West, Hong Kong
Hotline	(852) 2525-2437

Contacts

Operation	Name	Tel	Email
	Mr. San Ko	(852) 2523 1200	setl@victorysec.com.hk
	Ms. Avery Tsoi	(852) 2523 1726	

Signature of Client 客戶簽署	For Internal Use					
	For Compliance Department		For Clearing Department		For Settlement Department	
	Signature verified by:	Approved by:	Processed by:	Approved by:	Processed by:	Approved by:
Date:						