

CHANGE OF CLIENT'S INFORMATION 更新客戶資料

To 致 **Changjiang Securities Brokerage (HK) Limited**
 長江證券經紀(香港)有限公司

Account Information 帳戶資料

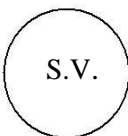
Account Number 帳戶號碼 : _____

Account Name 帳戶名稱 : _____

Instructions 指示:

Please post your completed form to Client Services Department, Suite 3605-3611, Cosco Tower, 183 Queen's Road Central, Hong Kong or by fax to (852) 2823 0402 or by email to brokeragecs@cjsc.com.hk. Your request will be processed within 3 working days upon receipt of the duly completed form. For inquiries, please do not hesitate to contact us at (852) 2823 0388.

請將已填妥的表格郵寄至香港中環皇后大道中 183 號中遠大廈 36 樓 3605-3611 室或傳真至(852) 2823 0402 或電郵至 brokeragecs@cjsc.com.hk。本公司將在收到填妥的表格後三個工作天內處理您的申請。如欲查詢, 請致電(852) 2823 0388 與客戶服務部聯絡。

Contact Information 聯絡資料		<input type="checkbox"/> Add 新增	<input type="checkbox"/> Change 變更
Contact Number 聯絡號碼	Mobile Phone 手提電話	Office 辦事處	
	Residential 住宅	Fax 傳真	
Email Account 電子郵件戶口	I hereby subscribe to change my email account and authorize your company deliver all statements under my name to my new email address. I further acknowledge and accept the terms and conditions mentioned on the "Email Notification Agreement". 本人現申請更改電子郵件戶口, 並授權貴司郵寄本人帳戶的所有戶口單據到本人之新電子郵件戶口。本人再次確認及接受記載於“電郵通訊協議書”的條文及條例。		
Contact Address 聯絡地址	<input type="checkbox"/> Residential 住宅 <input type="checkbox"/> Office 辦事處 <input type="checkbox"/> Correspondence 通訊地址 _____ _____ (Postal Code 郵編: _____) (Please provide the latest (within 3 months) address proof. 請提供最近三個月內的地址證明)		
Bank Information 銀行資料		<input type="checkbox"/> Add 新增	<input type="checkbox"/> Change 變更
Currency 貨幣	<input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美金 <input type="checkbox"/> CNY 人民幣		
Beneficiary Name 收款人名稱	Beneficiary A/C No. 收款人帳戶號碼		
Bank Name 銀行名稱	Bank Identifier (e.g. SWIFT) 銀行識別代碼		
Internet Trading Services 網上交易服務			
<input type="checkbox"/> Activate Internet Trading Service 啟用網上交易服務		<input type="checkbox"/> Terminate Internet Trading Service 終止網上交易服務	
Employment Status 職業狀況 (If you are employed by a Registered Institution or Licensed Corporation, written consent from your employer shall be provided. 如閣下受僱于註冊機構或持牌法團, 請提供有關僱主的書面同意書)			
Name of Employer 僱主名稱		Office Tel No. 辦事處電話號碼	
Nature of Business 公司業務性質		Job Title 工作職位	
Change of Other Information 更改其他資料			
Authorized Signature(s) 客戶簽署 X _____			
All account holders of joint account must sign jointly or with company chop. 所有聯名客戶必須簽名或加蓋公司章		Date 日期 _____	
For Office Use Only 本公司專用			
Handled/ Phone Record By :	Approved By :	Data Input By :	Checked By :
Name:	Name:	Name:	Name:
Date:	Date:	Date:	Date:
Remarks :			