

To : Realink Financial Trade Ltd.

滙信理財有限公司

日期 : _____

(Tel : 2823 2823 / 8208 8333 Fax : 3106 3980)

WITHDRAWAL OF "NOMINEE" SHARE 提取 "代理人" 股票

Account No.

Client Name

戶口號碼 : _____ 客戶姓名 : _____

I/We hereby confirm to withdraw the following shares 本人/吾等確認提取以下股票 :

Stock Code 股票編號	Stock Name 股票名稱	Total no. of Shares 總股數	Board Lot 單位	No. of Cert 證書張數	Denominations X 每張數量	Fee (HK\$)* 費用
Total 總數(HK\$)						

Settled by Trading A/C 有關費用在交易戶口扣除

Share withdrawal fee: HK\$5 / lot (Min. fee \$50, round up to the nearest board lot)

股票提取費用: 每手 HK\$5 (最低收費 \$50, 不足 1 手作 1 手計算)

Signature 簽署 : _____

Important Notes to Client

- When you collected the above securities, you should promptly register the securities in your own name before the next book-close date to avoid subsequent claim procedures and extra handling fee.
當閣下提取以上股票後，應在下一截止過戶日期前盡速以閣下名義登記註冊，以避免相關權益追討程序及額外之手續費。
- Please complete the following authorization form if you wish to authorise a third party to collect the securities.
如閣下授權第三者代取股票，請填寫以下授權表格。
- Please draw attention that if you authorise a third party to collect the securities, you may expose yourself to the risk of losing your securities due to the negligence or misconduct on the part of that third party or possibly, your securities may be transferred without your knowledge or approval. In order to prevent the loss arising from the negligence or misconduct on the part of a third party mentioned hereinabove, you are required to attend our office in person to collect the securities.
請注意，閣下委托第三者代提取股票證書，可能因該第三者疏忽或不端行為導致你的股票證書遺失。更嚴重者，股票可能會在閣下不知情下或不認可下轉讓給別人。為避免以上所說因第三者疏忽或不端行為導致閣下的損失，請親身到本公司提取股票證書。

Authorization Form 授權表格

本人/吾等

授權此信持有人

I / We , _____, hereby authorise the bearer of this letter _____

身份証號碼

到貴公司提取以上股票。

(ID. Card No. : _____) to collect the above securities from your Company.

Signature 簽署 : _____

I / We acknowledge receipt of the above shares 本人/吾等確認已領取以上股票

Self Collection Third Party Collection
親身領取 第三者領取

ID.Card No. 身份証號碼 : _____

Collection Date 領取日期 : _____ Signature 簽署 : _____

For Office Use Only

Method : <input type="checkbox"/> By Post <input type="checkbox"/> By Fax <input type="checkbox"/> By E-mail <input type="checkbox"/> In Person	Branch :
Handled by : _____ (Staff Code : _____)	Approved by :
Checked by :	Input :