



Goldhorse Securities Limited

金馬證券有限公司

Participants of The Stock Exchange of Hong Kong Limited

香港聯合交易所有限公司參與者

SFC C.E. No. 證監會中央編號: BFU406

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Fund Withdrawal Form 資金提款表格

Account Name

帳戶名稱:

Account Number

帳戶號碼:

I/We hereby request Goldhorse Securities Limited ("GHSL") to effect the following withdrawal of fund:

本人/吾等特此要求金馬證券有限公司(「金馬證券」)執行以下資金提款:

WITHDRAWAL INSTRUCTION 提款指示	
Withdrawal Amount 提款金額	☐ HKD 港幣 ☐ CNY 人民幣 ☐ USD 美元 ☐ Others 其他:
Withdrawal Date 提款日期	
Withdrawal Type 提款方式	☐ Bank Transfer ¹ 銀行轉帳 ¹ ☐ Local Remittance ¹ 本地匯款 ¹ ☐ Overseas Telegraphic Transfer ¹ 外地電匯 ¹ ☐ Others 其他:
Bank Service Charge 銀行手續費	☐ Deduct from the Account 從帳戶中扣除 ☐ Deduct from the Withdrawal Amount 從提款金額中扣除
Deposit To 存款至	☐ The designated beneficiary bank account that has been registered with GHSL 已於金馬證券登記之指定收款銀行帳戶 ☐ The following beneficiary bank account ² 以下收款銀行帳戶 ² : Bank Name 銀行名稱: _____ Bank Account No. 帳戶號碼: _____ Name of Account Holder 帳戶持有人名稱: _____ Bank Address 銀行地址: _____ Bank SWIFT Code/BIC 銀行代碼/商業識別碼: _____ Remark 備註: _____

¹ Subject to remittance bank charges and beneficiary bank charges. 需支付匯款銀行手續費及收款銀行手續費。

² Please provide a copy of your bank statement or bank card which shows your full name. 請提供顯示閣下/吾等全名的銀行結單或銀行卡。

Please Note 請注意:

- GHSL does **NOT** accept any form of third-party fund withdrawal other than the full name of the Client;
除以客戶的全名外, 金馬證券恕不接受任何第三者之提款;
- Request for fund withdrawal received by GHSL on/before the cut-off time (i.e. 11:00 am) on a business day shall be handled on the same business day. Requests received after the cut-off time or on Saturday, Sunday and public holidays will be processed on the next business day; and
金馬證券於工作日截數時間(即, 上午 11 時)或之前收到資金提款要求將於同一個工作日處理。在截數時間後或於星期六、日及公眾假期收到的提款要求將於下一個工作日處理; 及
- Pursuant to the "Guideline on Anti-Money Laundering and Counter-Financing of Terrorism (For Licensed Corporations)", GHSL reserves the rights to ask for the identity of withdrawer or even reject such fund withdrawal.
根據「打擊洗錢及恐怖分子資金籌集指引(適用於持牌法團)」, 金馬證券保留查詢提款者身份或甚至拒絕該提款之權利。

S.V.

Client/Authorized Person Signature

客戶/獲授權人簽署

Date 日期

For Internal Use Only 只供內部使用

Remark by COB Department: ☐ The Account Holder has any other type of account, including but not limited to a margin account or collateral account.

Handled By COB Department	Checked By Risk Department	Input by Settlement Department	Checked by Finance Department	Approved by Responsible Officer
Signature:	Signature:	Signature:	Signature:	Signature:
Name: Date:	Name: Date:	Name: Date:	Name: Date:	Name: Date: