

月供股票投資計劃直接付款授權書

Monthly Stock Investment Plan Direct Debit Authorization

Please complete and return this form to the party to be credited. 請填寫並將本授權書交給收款之一方

受益人 The Beneficiary Bank of Communications (Hong Kong) Ltd.	收賬戶戶名 Account Name BANK OF COMMUNICATIONS (HK) - MSIP	銀行編號 Bank No. 382	分行編號 Branch No. 532	收款賬戶號碼 Account to be credited 00217733
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- 本人/吾等現授權本人/吾等之下述銀行，根據受益人不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予上述受益人，惟每次轉賬金額不得超過以下指定之限額。
I/We hereby authorize my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。
I/We agree that my / our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支（或令現時之透支增加），本人/吾等願共同及各別承擔全部責任。
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer (s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。
I/We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorized, my / our Bank shall be entitled, in its discretion, not to effect such transfer in which event my / our Bank may make the usual charge and that it may cancel this authorization at any time by giving me / us one week's written notice.
- 本授權書將持續有效直至本人/吾等另行通知或下列到期日為止（以兩者中較早者為準）。
This authorization shall continue to be effective until my / our further notice or the below written expiry date (which ever first occurs).
- 本人/吾等同意，本人/吾等取消或更改本授權之任何通知，須於取消/更改生效日最少一個月之前交予本人/吾等之銀行。
I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my / our Bank shall be given at least 1 month prior to the date on which such cancellation / variation is to take effect.
- 本人/吾等證實本人/吾等在本授權書之簽名與本人/吾等戶口使用之簽名符合。
I/We confirm that my/our signature(s) on this authorization form is same as that for the operation for the account.
- 本人/吾等會負責本人/吾等之銀行就此安排之一切費用、收費、利息、手續費及開支。
I/We will bear all cost, charges, interest, fees and expenses that may be levied by the Bank in connection with this arrangement.
- 本人/吾等將會因應受益人要求提供有關此安排所需的其他資料。一切提供予受益人之資料均正確無誤，本人/吾等將知會受益人該等資料的任何變更。本人/吾等茲授權受益人向本人/吾等之銀行提供任何或所有本人/吾等之資料，以設立或維持此安排。
I/We will on request provide the Beneficiary with such further information as it may require in connection with this arrangement. All information provide to the Beneficiary is correct and I/We will notify the Beneficiary of any change to such information. I/We hereby authorize the Beneficiary to provide to the Bank any or all of my/our information to enable this arrangement to be set up or maintained.
- 本人/吾等確認本人/吾等為與銀行開立之賬戶內款項之唯一實益擁有人，並可自由處理該等款項。
I/We confirm that I am/we are the sole beneficial owner of the funds in the Account maintained with the Bank and is free to deal with the funds.
- 本人/吾等承諾賠償受益人因此安排而引致蒙受或招致之一切損失、費用、開支、索償、申索、訴訟及法律責任。
I/We will undertake to indemnify the Beneficiary against all losses, costs, expenses, claims, demands, proceedings and liabilities that it may suffer or incur arising out of this arrangement.
- 本人/吾等授權銀行向受益人提供所有該等關於賬戶之資料。
I/We authorize the Bank to provide to the Beneficiary all such information relating to the Account.

付款方式 Payment Method			
<input type="checkbox"/> 直接付款授權扣賬 Direct Debit Authorization (DDA)			
My / Our Bank Name and Branch 本人 / 吾等之銀行及分行之名稱	Bank No. 銀行編號 3 8 2	Branch No. 分行編號	My / Our Account No. 本人 / 吾等之賬戶號碼
<input type="checkbox"/> 信用卡扣賬 Credit Card Direct Debit Authorization*			
(請提供閣下信用卡正面及背面副本 Please provide the front and back copy of your Card)*			
交通銀行信用卡 BoCom Credit Card	[] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []		
信用卡到期日 Credit Card Expiry Date	[] [] / [] []		
Limit for each *Payment / Month *每次 / 月付款之限額	My / Our Signature (s) of Debit Account 本人 / 吾等之扣賬賬戶簽名	Date 日期	
Name of Debtor (if other than account holder) 債務人之姓名 (若非賬戶持有人)	Debtor's Reference (Compulsory Field) 債務人參考 (必填之欄)		
賬戶人名稱 Account Name	香港身份證號碼HKID Card No.	聯絡電話 Contact Tel. No.	

本人/吾等已參閱、明白及同意受以上由受益人不時修訂之月供股票投資計劃直接付款授權書之條款及細則所約束。

I/We have read, understood and agreed to be bound by the above terms and conditions for Monthly Stock Investment Plan Direct Debit Authorization as specified by the Beneficiary from time to time.

附註 Notes:

- 月供股票投資計劃扣賬日為每月之6號，如該日是星期六、公眾假日或烈風/黑色暴雨警告日，則該日順延至該日之後第一個並非星期六、公眾假日或烈風/黑色暴雨警告日的日子。
For MSIP, the payment day is the 6th day of each month. If the day falls on a Saturday, a public holiday, or a gale warning day or black rainstorm warning day ("G/BR warning day"), the day is extended to the next following day which is not a Saturday, a public holiday, or a G/BR warning day.
- 聯名證券賬戶之月供股票投資計劃並不接受以信用卡繳付供款。此直接付款授權之有效性不會因上述的信用卡已過期而受影響；除非信用卡持有人以書面通知本司終止是項授權。否則，只要信用卡戶口仍然有效，有關授權亦繼續生效。
Credit card payment for "Monthly Stock Investment Plan" under a joint-name securities account is not applicable. This DDA shall remain effective as long as the above credit card account is valid, notwithstanding the expiry of the credit card, unless the DDA is cancelled by the card member by prior notice in writing to our company.

Signature of Applicant 申請人簽署 Please use the Signature(s) filed with the Bank 請以銀行檔案中的簽字式樣簽署 Date 日期

For Bank Use Only 此欄由銀行專用				
SV 核印	Clerk 經辦	Checker 覆核	Receiving Date 收件日期	Effective Date 生效日期

中、英文如有任何歧義，一概以英文版本為準。The English version shall prevail if there is any inconsistency between English and Chinese version.