



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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Account Closure Form 帳戶終止表格

To: Goldhorse Securities Limited ("GHSL")

致: 金馬證券有限公司 (「金馬證券」)

Account Name

帳戶名稱:

Account Number

帳戶號碼:

I/We hereby request GHSL to close my/our following trading account(s) held with GHSL:

本人/吾等特此要求金馬證券將本人/吾等以下開立於金馬證券之帳戶予以終止:

CLOSURE INSTRUCTION 取消指示	
Account Type 帳戶類別:	<input type="checkbox"/> Cash Account 現金帳戶 <input type="checkbox"/> Collateral Account 抵押品帳戶 <input type="checkbox"/> Margin Account 保證金帳戶 <input type="checkbox"/> All of the above Accounts 以上所有帳戶
Effective Date 生效日期:	
Reason of Closure of Account (if any): 終止帳戶原因 (如有):	

Please withdraw and remit all the remaining balance in my/our above trading account(s) to the following bank account:

請將本人/吾等之上述帳戶所有結餘提出並存入以下銀行帳戶:

BANK ACCOUNT 銀行帳戶	
<input type="checkbox"/>	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
<input type="checkbox"/>	The following beneficiary bank account 以下收款銀行帳戶 ¹ : 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: _____

¹ 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。

Upon closure of my/our Account(s), please deduct all the charges payable and deliver the remaining cash balance as per my/our above instruction, subject to proper evidence of entitlement (to GHSL's satisfaction), and in compliance with all applicable laws and all agreements entered between GHSL and myself/ourselves.

取消本人/吾等帳戶時, 在依照法例及符合金馬證券與本人/吾等簽署之協議下, 請扣除一切有關應付費用後, 按本人/吾等之上述指示把戶口內之現金結餘交付。

S.V.

Client Signature

客戶簽署

Date 日期

For Internal Use Only 只供內部使用				
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: