

銀行子賬戶申請表
Application for Bank Sub-Account Services

請將已填妥之申請表郵寄 (請註明營運部收) 或傳真至(852) 8148 6118 或電郵至 settlement_grp@bocomgroup.com。

Please return the completed form by post (Attn: Operations Department) or fax to (852) 8148 6118 or email to settlement_grp@bocomgroup.com

客戶號碼 Account Number	
客戶名稱 Account Name	
<input type="checkbox"/> 申請 Apply <input type="checkbox"/> 取消 Cancel	
<input checked="" type="checkbox"/> 渣打子賬戶 SCB Sub-Account	
收取子賬戶通知書方法 Method of Receiving the Notice <input type="checkbox"/> 已登記之電郵地址 Registered email address <input type="checkbox"/> 其他電郵地址 Other email address: _____	
適合條款及細則 Terms and Conditions 1. 本公司在發出通知的情況下有權終止此服務。The Company shall have the right to terminate this service upon prior notice. 2. 本公司在發出通知的情況下保留修改所有條款及細則之權利。The Company reserves the right to amend these Terms and Conditions upon prior notice. 3. 當客戶取消在本公司開立之上述戶口時，本公司將同時取消客戶的銀行子賬戶。The Company will terminate the bank sub-account services immediately when the account is being closed.	

客戶簽署 Signature(s): _____

S.V.

日期 Date: _____

聯絡電話 Contact No.: _____

For office use only 公司專用		
	子賬戶名稱 Sub-Account Name	子賬戶號碼 Sub-Account Number
<input checked="" type="checkbox"/> 渣打子賬戶 SCB Sub-Account		

Bank System			Internal System	
Input by	Verified by	Sent out confirmation	Input by	Verified by