

TO: BMI SECURITIES LIMITED
邦盟滙駿證券有限公司
SUITES 2701-2708, 27/F, SHUI ON CENTRE, 6-8 HARBOUR ROAD, WANCHAI, HONG KONG
ATTN: SETTLEMENT DEPARTMENT
TEL:(852)3575 1300 FAX:(852)3106 0456

Date 日期: _____

CCASS SETTLEMENT INSTRUCTION 中央結算交收指示

A/C Name 客戶姓名: _____ A/C No 戶口編號: _____ AE Code 經紀代號: _____

INSTRUCTION TYPE 類型指示 : **SI / ISI**

PARTICIPANT ID/ ISI NO 參與者戶口或 ISI 編號 : _____

NAME OF COUNTERPARTY'S 參與者名稱 : _____

CONTACT PERSON 聯絡人 : _____ TEL NO 電話號碼: _____

SETTLEMENT DATE 交收日期 : _____

STOCK CODE 股票代號	STOCK NAME 股票名稱	QUANTITY 股份數量	*R/D	*FOP/ DVP	#PURPOSE 目的	SI /ISI INPUT NO. (For internal use only) 指示輸入號碼 (只供邦盟滙駿職員填寫)

Reason of Withdrawal 提貨原因: _____

*R=RECEIVE 收取 D= DELIVER 交付 FOP= FREE OF PAYMENT 無須付款 DVP=DELIVER AGAINST PAYMENT 貨銀對付
#PURPOSE : C=BROKER-CUSTODIAN TRANSACTION 經紀與托管者之交易 M=PORTFOLIO MOVEMENT 組合轉移
P=STOCK PLEDGING 按股 L= STOCK BORROWING/LENDING 借股/貸股

Client's Signature 客戶簽署

AE Signature 經紀簽署

FOR BMI OFFICE USE	
SI FEE:	HANDLING:
S.V BY:	CHECKED BY:
INPUT BY:	