

請填妥表格發送/ 交至客服部, 電郵 cs@dfzq.com.hk  
地址: 香港中環皇后大道中 100 號 100QRC 29/F

Cut-Off Time 截止處理時間: 10:00AM

Settlement Instruction Form 交收指示表格  
OTC - ☐ BOND/ ☐ Fund/ ☐ Structure Product

Contact No 聯絡電話: 35191105

Client Name 客戶名稱 : \_\_\_\_\_ Ref. No. 編號 : \_\_\_\_\_  
Client No. 客戶號碼 : \_\_\_\_\_ Date 日期 : \_\_\_\_\_

Please \*tick as appropriate 請在正確選項的方格中加剔號

- ☐ **Deliver** to counterparty  
請轉出到下列交易對手
- ☐ **Receive** from counterparty  
請從交易對手收取

- ☒ Any against payment?  
是否有對付款項?
- ☐ No  
無
- ☐ Yes, and the amount is  
有, 其銀碼為: \_\_\_\_\_

Settlement Date 交收日: \_\_\_\_\_

ISIN Code 國際編碼	BOND/ Fund/ Derivatives Name 產品名稱	Quantity (Nominal Value)/ Units 數量 (票面值)/ 單位

Counterparty Details 對手詳情

Counterparty Name 對手方名稱			
Broker ID./ Account 對手方編號	(CMU / Clearstream / Euroclear/ Fund House / Others)		
Client Account No. 於對手方的客戶帳號	(Optional)		
Contact Person 聯絡人		Contact No.: 聯絡電話	
Remarks 備註:			

Transfer Subject to NO CHANGE OF BENEFICIAL OWNERSHIP 轉讓不得更改受益人

Thank you very much for your help. 敬希垂注

Yours faithfully,

S.V

客戶簽署(請用留存本公司之印鑒簽署)

Client's Signature (please use signature(s) Chop(s) file with the Company)

Office Use Only:

Brokerage Dept.-Product Team:

Approved by:

Marker & Checker: