

Please send by email or by post, Address: 29/F, 100 Queen's Road Central, Hong Kong

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

Email 電郵: opts-settlement@dfzq.com.hk

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 無需付款 Free of Payment 貨銀對付 Deliver Against Payment

Amount (DVP/RVP) 金額 : _____

No Change of Beneficiary Owner 沒有變更實益擁有人 Confirmed 確認 Not Confirmed 不確認

Settlement Date 交收日: _____

ISIN Code 國際編碼	Instrument 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			
(CMU/ Clearstream/ Euroclear/ Fund House / Others) 對手方編號		Client A/C No. 於對手方的帳號:	
Contact Person 聯絡人		Contact No./ Email 聯絡方式	
Remarks 備註:			

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:				CP Confirmation [Date, Time & Ext./ Remarks]
<input type="checkbox"/> RL1*				
CS/AE/RM	Product Team	FO Approval*	[LCD]*	[Ops] Maker & Checker: