

**PHYSICAL SCRIP WITHDRAWAL / STOCK INTERNAL REQUEST FORM**  
**實物股票提取 / 股票內部轉戶申請書**
**To 致：** Shanxi Securities International Limited  
 山證國際證券有限公司

**Account Name** \_\_\_\_\_ **Account No.** \_\_\_\_\_  
**賬戶名稱** : \_\_\_\_\_ **賬戶號碼** :  **Cash 現金**  **Margin 保證金**

I/We hereby instruct your Company to withdraw securities 本人/吾等特此通知貴公司提取股票：

Stock Code 股票編號	Stock Name 股票名稱	Number of Shares 股票數量	For Internal Use Only 內部專用	Withdrawal Fee (HKD) 提貨費 (港幣)
			Certificate Number 審核參考編號	
Total (HKD) 總費用(港幣)				

Transfer the securities to my account,  Cash Account.  Margin-Account. Account no.  
 將股票轉戶至本人 / 吾等賬戶, 現金賬戶 保證金賬戶 賬戶號碼

Please be note that client should pick up the requested physical script within 10 working days after our Company informs you. Client must give another physical script withdrawal instruction to us after that period, and the deducted charges are non-refundable. Customers must complete the name registration in share registrar as soon as possible after receiving the physical script. 客戶請於本公司通知可領取股票後十個工作日內到本行領取。如逾期仍未領取，客戶必須重新辦理提取股票實貨手續，所扣除之費用將不獲發還。客戶領取股票後須盡快前往過戶處完成本人名義登記。

_____ Client or Director / Authorized Signature (with company chop) 戶口持有人 或 公司董事 / 獲授權人 簽名 (蓋公司章)  _____ Date 日期	I/We or Authorized Person acknowledges receipt of the above securities 本人/吾等 或 獲授權人 確認收到股票  _____ Client or Director / Authorized Signature (with company chop) 戶口持有人 或 公司董事 / 獲授權人 簽名 (蓋公司章)  _____ Date 日期
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I / We authorize the following persons to receive stocks on my behalf. I hereby declare and confirm that:  
 1. The physical script does not contain the customer name. Shanxi Securities International Limited ("SSIL") has disclosed the risks to me, and I clearly understand the risks; 2. This authorization is based on my own meaning, judgment and consideration, and I clearly understand the risks associated with this authorization; 3. The final interest will not be transferred to a third party after the physical script withdrawal; and 4. If I suffer losses due to the actions of an authorized representative, SSIL does not have to bear any responsibility. I also agree to bear full responsibility for the actions of the authorized representative. If SSIL suffers losses due to the actions of the authorized representative, I agree to make full compensation for SSIL.

本人 / 吾等授權下列人士代表本人領取股票及轉讓書，本人謹此聲明及確認：  
 1. 實體證券證書並沒有載有客戶名稱，貴公司已向本人披露有關風險，而本人亦清楚明白其性質所構成的有關風險； 2. 本授權安排是出於本人的意思、判斷及考慮，並清楚及明白本授權的有關風險； 3. 提取實體證券證書後並不會將最終權益轉讓予第三方；及 4. 若因授權代表的行為令本人蒙受損失，貴公司無須承擔任何責任，本人又同意對授權代表的行為負上全部責任。如因授權代表的行為而令貴公司蒙受損失，本人同意對貴公司作出全面賠償。

Name of authorized person \_\_\_\_\_  
 獲授權人姓名 \_\_\_\_\_  
 ID Number \_\_\_\_\_  
 身份證號碼 \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 聯繫電話 \_\_\_\_\_

\_\_\_\_\_  
 Client or Director / Authorized Signature (with company chop)  
 戶口持有人 或 公司董事 / 獲授權人 簽名 (蓋公司章)  
  
 \_\_\_\_\_  
 Date 日期

For Internal Use Only			
Ack. by CS/AE:	Checked by CS: Consent: Y / N	Approved by R.O.:	Approved by Risk (If applicable):
Inputted by Settlement: <input type="checkbox"/> OTCR	Checked by Settlement: <input type="checkbox"/> OTCR	Inputted in CCASS:	Authorized in CCASS: