

GUOTAI JUNAN SECURITIES (HONG KONG) LIMITED GUOTAI JUNAN FUTURES (HONG KONG) LIMITED GUOTAI JUNAN FX LIMITED

27/F., Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong Tel: (852) 2509 7556 Email: cash.ops@gtjas.com.hk

WITHDRAWAL INSTRUCTION

I / We, the under-signed, hereby authorize your company to withdraw / transfer from my / our Account and make payable to the beneficiary as stated below:-

and make paya	ible to t	ne bene	eficiary as state	d below:-				
Client Code:		Securities Accou Futures Account FX Account		Client Name:				
Contact Number:					Withdrawal Date:			
Withdrawal Currency:					Withdrawal Amount:			
Beneficiary's Name:					Receiving Bank's Name:			
Receiving Bank's Address:					Receiving Bank's A/C Number:			
Payment Details				-				
Please √ as appropriate: ☐ Bank charges to be deducted from Account balance ☐ Bank charges to be deducted from this withdrawal								
 I/We, the under-signed, hereby confirm that: I/we shall refer to Fees Schedule for remittance bank charges; I am/we are the ultimate beneficial owner of the funds in the above Account; The source of the fund or the purpose of the remittance do not involve terrorist financing activities, or proceeds of organized and serious crimes; I/we shall bear the losses, responsibilities and risks pertinent to this withdrawal, transfer or payment to third party instruction; I/we have enquired with the receiving bank and confirm that the receiving bank can receive the fund to be transferred from your company; and I/we understand that the funds are remitted in the name of your company; I/we understand that the submission deadline is 2:00pm for normal business day and 11:00am for half trading day; Instruction will be handled by next business day if submission after the cut-off time; I/we understand that Operations staff of your company will confirm the relevant details of withdrawal with me/us over the phone if the amount is over HKD20,000,000.00 or equivalent and the receiving bank account has not been registered in your company; otherwise, the withdrawal will not be processed if without my/our verification. 								
Client Signatur	e							
Signature of Client								
Full Name of Client								
Date								
For GTJA Use only	AE/De	ealer	CHATS / INT TRF / CHQ #	Sign. Verifi	ied	Inputted	Approved	Reviewed
Signature								
Date								