

CHANGE/ADD REGISTERED BANK DETAIL

更改/新增註冊之銀行資料

- ✓ Please complete the form in original and submit it to us by post or in person, or email the copy to eform-hk@uobkh.com.
請將已填妥好之表格正本郵寄或親自呈交予本公司處理, 或電郵表格副本至 eform-hk@uobkh.com.
- ✓ Please provide valid registered bank account proof copy (Bank Statement which issue with 3 months/ Bank Book/ Bank Card)-**mandatory**.
必須提供有效的登記銀行帳戶的副本證明 (3 個月內發出的銀行結單/存摺/銀行咭)。
- ✓ Clients may register up to two banks with us. Each currency type will have a designated default bank account unless the client specifies otherwise. 客戶可向本公司登記最多兩家銀行。每種貨幣類型將設有指定的預設銀行帳戶, 除非客戶另行指定。
- ✓ If you do not submit the original form to us personally, your requests will be subjected to callback procedure, and the information will be updated after the callback has been completed successfully. (not apply to corporate client)
如閣下並非親自提交表格正本予本公司, 閣下的要求將須經電話確認程序確認, 相關資料將會在電話確認後才完成更新 (不適用於公司帳戶)。

Section A

Please ☒ appropriate option and fill in the applicable information 請 ☒ 適用選項及填寫適用資訊

☐ Change of register bank information for banking account as follows 適用於更改註冊銀行資料如下

☐ Add new register bank information as follows 適用於新增註冊銀行資料如下

Bank Account Information 銀行帳戶資訊	
a. Beneficiary Bank Name 收款銀行名稱: _____	
b. Beneficiary Account Holder Name 收款人帳戶名稱: _____	
c. Beneficiary Account No. 收款帳戶號碼: _____	
d. Currency Type 貨幣種類	☐ HKD 港幣 ☐ USD 美元 ☐ CNY 人民幣 ☐ Other (Please specify) 其他 (請註明) _____
For Bank in Hong Kong (if applicable) 本地銀行 (如適用)	
e. Bank Code 銀行代碼 _____ _____ _____	
For Overseas Bank (if applicable) 海外銀行 (如適用)	
f. Beneficiary Bank Address 收款銀行地址: _____	Country* 國家 _____
g. Beneficiary Bank Swift Code 收款銀行國際代碼: _____	
h. Correspondent Bank 中轉銀行名稱: _____ (if any 如適用)	
i. Correspondent Bank Swift 中轉銀行國際代碼: _____ (if any 如適用)	
j. Other Bank Details (message to bank) 其他銀行資料(給銀行的訊息): _____ (if any 如適用)	
Yes ☐ 是	No ☐ 否
k. Set the selected currency type as the designated default bank account**. 將所選貨幣類型設定為指定的預設銀行帳戶**。	
Yes ☐ 是	No ☐ 否
l. Replace the existing registered bank account for selected currency 取代現有登記的銀行帳戶以處理所選貨幣。 Existing registered bank account no. (if any) 現有登記銀行帳戶 (如適用): _____	

*Eligible country of bank registration: AUSTRALIA, BAHRAIN, CANADA, CHINA, FRANCE, GEORGIA, GERMANY, HONG KONG, INDONESIA, JAPAN, KAZAKHSTAN, KOREA REPUBLIC OF, LATVIA, LIECHTENSTEIN, LITHUANIA, MACAU, MALAYSIA, NETHERLANDS, NEW ZEALAND, OMAN, PHILIPPINES, POLAND, PORTUGAL, SINGAPORE, SWITZERLAND, TAIWAN, THAILAND, UNITED ARAB EMIRATES, UNITED KINGDOM, UNITED STATES (Except that Mainland China ID or passport holder cannot register bank accounts in China)

適用銀行註冊國家: 澳大利亞, 巴林, 加拿大, 中國, 法國, 格魯吉亞, 德國, 香港, 印度尼西亞, 日本, 哈薩克斯坦, 南韓, 拉脫維亞, 列支敦士登, 立陶宛, 澳門, 馬來西亞, 荷蘭, 紐西蘭, 阿曼, 菲律賓, 波蘭, 葡萄牙, 新加坡, 瑞士, 台灣, 泰國, 阿拉伯聯合酋長國, 英國, 美國 (除了中國大陸身分證或護照持有人不能在註冊中國的銀行帳戶)

**Default bank account(s) will be used for all transactions/payments unless the client specifies otherwise.

除非客戶另有指定, 否則所有交易/付款將使用預設銀行帳戶。

Section B: Account information and client confirmation 帳戶資料及客戶確認

I/We declare the information on this Bank Account(s) Registration Form and any supporting document(s) provided are true, complete and accurate. 本人/吾等聲明本銀行帳戶登記表的信息及所提供相關的驗證文件是真實, 完整和正確。

Account Name(s)

Account No.

帳戶名稱: _____ 帳戶號碼: _____ - _____ / M/ S/ F*
*Delete where applicable

Client Signature(s)

Date

客戶簽署

日期

Please use the signature(s) filed with the Company 請用留存在本公司之印鑑簽署

Remarks 備註:

If this form is not submitted in person, please be advised call back procedure will be performed during business hours from our phone number (852) 2136-1818 in order to confirm the details of changes (Not apply to corporate client).

如此通知書並非由客戶本人遞交與大華繼顯 (香港) 有限公司, 本行將於辦公時間聯絡閣下以確認以上更改詳情。我們的電話號碼是(852)2136-1818 (不適用於公司帳戶)。

For official use only (if client submit this form in person)

公司專用(如客戶親自提交此通知書):

Name of witness

見證人姓名

Witness Signature (by Branch Manager/ Client Service officer)

見證人簽署(分行經理/客戶服務職員)

I confirm that I have met the client face-to-face and verified the identity document as the account holder.

本人確認已與客戶會面並核對身份證明文件

Date and Time

時間與日期:

Place of Witness

見證地點:

For Internal Use

CS Team:

Call Back Date/Time/Extension: _____

Remarks: _____

DM Team:

☐ Signature verification

☐ With bank proof

☐ Form Original (With Witness) / Copy (VC)

☐ Eligible bank jurisdiction

☐ No. of register banks is within the limit