

Date 日期: _____

Enquiry 查詢熱線: (852) 2161 2988

Please complete this form and return it to us by fax or Email. (Fax: 2161 2901 Email: cs@cslsec.com)

請填妥下列表格，然後將表格傳真或電郵給我們。(傳真號碼：2161 2901 電郵: cs@cslsec.com)

To: Cornerstone Securities Limited

致: 基石證券有限公司

PHYSICAL STOCK WITHDRAWAL REQUEST FORM (實貨提取申請表)

Account Number 賬戶號碼 : _____

Account Name 賬戶名稱 : _____

Name of stock 股票名稱 : _____

Stock code 股份代號 : _____

Number of shares 股份數量 : _____

*Withdrawal Fee 實貨提取費用 : _____

*Physical Stock Withdrawal 實貨提取 : \$5 per board lot (Min: \$100) 每手\$5 (最低\$100)

有關之實貨提取費每手買賣單位(不足一手亦當一手計)收費港幣\$5 (最低\$100)，請即時在本人/吾等之證券戶口內扣除。

For the Physical Scrip Withdrawal Fee HK\$5.00 per board lot (Min: \$100), please debit my/our securities account with you immediately.

本人/吾等明白凡已提取之股票必須盡快辦理轉名手續，方可享有該公司派發之股息或紅股等權益。

I/We understand that all physical shares once withdrawn must be registered in my/our own name(s) as soon as possible, otherwise I/we may not be entitled to the benefits such as dividend and bonus shares issued by that company.

客戶請於收到本公司領取股票通知十個交易日內到達本公司領取有關實物股票。為保障客戶利益，如逾期未領取的股票，本公司將會重新存入中央結算公司，客戶必須重新辦理提取實物股票手續並再次繳付相關手續費用，所扣除之費用將不獲發還。

Please note that client must collect the requested securities at our Office **within 10 Trading days** upon our notification. Securities not collected within the stated period will be re-deposited to HKSCC, and service fees are non-refundable. Client must resubmit a new withdrawal instruction after that period and pay the service fees again.☐ 本人 / 吾等現授權 _____ 身份證號碼 : _____ 代表本人/吾等前來收取股票。

I/We, hereby, authorize _____ (ID Card No. : _____) to collect the following share certificate(s) on my/our behalf.

Authorized Signature(s) 簽署

FOR OFFICE USE ONLY					
SIGNATURE VERIFIED BY:		BOS SYSTEM ONHOLD BY:		APPROVED BY:	
CCASS INPUT BY:		CCASS AUTHORIZE BY:		BOS LOCATION TRANSFER BY:	
				TRANSFER CHECKED BY:	

Broker Name & No.: Cornerstone Securities Limited (B01234)
股票行名稱及編號: 基石證券有限公司 (B01234)

Physical Stock Receive Form

Account Number : _____

Account Name : _____

Stock Code & Name	Certificate No.	No. of Shares



Received By: _____

Date: _____

FOR OFFICE USE ONLY	
CCASS COLLECT BY: _____ Date	KEEP BY: _____ Date
BOS LOCATION TRANSFER BY: _____	TRANSFER CHECKED BY: _____
BOS INPUT BY: _____	BOS APPROVED BY: _____