

Change of Account Information Instruction (Individual/Joint Account) 帳戶資料更新指示(個人/聯名帳戶)

Please select the company of the trading account(s) to be updated and fill in the account number(s): 請選擇需要更新資料的交易帳戶的公司並填寫帳戶號碼:

明选择而女史利其代的父勿恨户的公 <u>马业</u> 俱為恨户派响。	
Company 公司#	Account Number 帳戶號碼:
(Please choose the appropriate box(es) 請選擇合適者) ☐ Everbright Securities Investment Services (HK) Limited	(Please fill in the related account number(s) 請填寫相關帳戶號碼)
光大證券投資服務(香港)有限公司	
□ Everbright Securities Digital Finance (HK) Limited 光大證券數碼金融(香港)有限公司	
□ CES Commodities (HK) Limited	
光證期貨(香港)有限公司	
□ CES Forex (HK) Limited 光證外匯(香港)有限公司	
☐ CES Wealth Management (HK) Limited	
光證優越理財(香港)有限公司 ☐ China Everbright Securities (Hong Kong) Limited	
中國光大證券(香港)有限公司	
The changes will be applied to 變更將應用於:	
Account Holder Name(s) 帳戶名稱:	# □ Individual 個人帳戶 # □ Joint Account 聯名帳戶
Apply the change to all existing account(s) (same account type) of the	
變更是否套用客戶所有現存帳戶(同帳戶類別)?	2.00 %
❑ (1) Business / Office Address 營業 / 辦公地址:	
	US Address 美國地址 # □ Yes 是 # □ No 否
□ (2) Business / Office Tel No. 營業 / 辦公電話號碼: <u>+</u>	US Tel No. 美國電話號碼 # □ Yes 是 # □ No 否
□ (3) Residential Address 住址:	
	US Address 美國地址 # □ Yes 是 # □ No 否
	US Tel No. 美國電話號碼 # □ Yes 是 # □ No 否
□ (5) Correspondence Address 通訊地址 (for applicant's receiving all	
(please choose one) 申請人用作收取所有成交單據、買賣確認書	
□ Residential Address 住址 □ Busin	ness / Office Address 營業 / 辦公地址
□ Other Address, please specify 其他地址· 請說明:	
	US Address 美國地址 # □ Yes 是 # □ No 否
☐ (6) Permanent Address 永久地址:☐ Same as residential address 與	住址相同 □ Otherwise, please specify 若與住址不同·請說明:
	US Address 美國地址 # □ Yes 是 # □ No 否
	US Tel No. 美國電話號碼 # □ Yes 是 # □ No 否
	English 英文 □ Chinese 中文
 I hereby declare that the information provided in this form is complet 本人謹此聲明·在本表格所填報的一切資料均屬完整、真實及準確。 	te, true and accurate.
The personal data herein collected will be handled in accordance	with the Personal Information Collect Statement of Everbright Securities
International ("EBSI"). For details, please refer to EBSI's website. 光大證券國際(本公司)將依據本公司的《收集個人資料聲明》來處	
	EXT. LOUIS CONCIL ALL XVIII ALL VIII CONCIL CONCILION CO
Client Signature(s) 客戶簽署	
Date 日期:	



Verification conducted by Sales Management:			
Means: □ Email or □ Call	(Applicable only if verification cannot be conducted) Approved by RO or Sales Heads (Sales Department):		
Confirmation call or email received by:			
Name & SFC CE No.:	Name:		
	Date (dd/mm/yy):		
Date & time of receipt of confirmation call or email from client:	Input by (OPD):	Input checked by (OPD):	
Channel No. (applicable to Call):	Name:	Name:	
, , ,			
If apply the change to all existing account(s) of the client, please provide "Client's ID number"			
provide Gliefit's ID fluffiber			
Client ID Number (if applicable)			