

SIGNATURE CARD 客戶印鑑咭

Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint A/C <input type="checkbox"/> Company		Date:
Account Information	Client Name:	Client Signature(s) 客戶簽署
	I.D./ B.R.NO.:	
	A.E. Code:	
Fort Joint Account	Client Name:	Client Signature(s) 客戶簽署
	I.D./ B.R.No.:	

For Company Account	Company's Chop/Seal (For Reference only not part of signing arrangement)	
----------------------------	--	--

Signing Arrangement:

Any _____ of the _____ Signature(s) together with chop/seal shall be valid.

Tel No.	:	_____	Mobile Phone No.	:	_____
Fax No.	:	_____	Email Address	:	_____
Address	:	_____		:	_____
Bank	:	_____		:	_____
Bank A/C No.	:	_____		:	_____

Authorized Representative: (if any) _____

Time of contact (optional): Morning Noon Afternoon Night Deep in the night