

Instruction and Request Form for i-Banking – Registration of Beneficiary Details (TT & CHATS)
要求及指示 i-Banking 表格 -- 登記收款人記錄 (電匯及 CHATS 服務)

09-2008

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|----------------------------|-------------------------------|--------------------------|
| Name of Applicant 申請人姓名 | Primary Account No. 基本帳戶號碼 | Contact Tel. No. 聯絡電話 |
|----------------------------|-------------------------------|--------------------------|

 Please put tick(s) '✓' in appropriate box(es) and circle(s) ○: 請於適當方格 及圓圈 內 '✓' 選一或多項:

Designated Beneficiary Details (1) 收款人資料 (1) Add 加入 Change 更改 Delete 刪除

Same Day Local Bank Fund Transfer (with handling charge through CHATS) 即日轉帳至本地其他銀行戶口 (CHATS 收費服務)

Beneficiary's Short Name: _____ (max 20 chars, cannot duplicate with each others)
 收款人簡稱: _____ (最多 20 個字母, 不能重複使用)

Telegraphic Transfer 電匯

Beneficiary's Short Name: _____ (max 20 chars, cannot duplicate with each others)
 收款人簡稱: _____ (最多 20 個字母, 不能重複使用)

Beneficiary's Name & Address: _____
 收款人名稱及地址: _____
 _____ max 4X 35 chars
 _____ 最多 4X 35 個字母

for CHATS only: 只適用於 CHATS 服務:

| | | | |
|--|-------------------|---------------------|---------------------|
| Beneficiary's Account No.: 收款人帳戶號碼: | Bank Code 銀行編號 | Branch Code 分行編號 | Account No. 帳戶號碼 |
| _____ | _____ | _____ | _____ |

for Telegraphic Transfer only: 只適用於電匯服務:

Beneficiary's Account No.: _____ max 34 chars
 收款人帳戶號碼: _____ 最多 34 個字母

Beneficiary Bank Name & Address: _____
 收款銀行名稱及地址: _____
 _____ max 4X 35 chars
 _____ 最多 4X 35 個字母

Designated Beneficiary Details (2) 收款人資料 (2) Add 加入 Change 更改 Delete 刪除

Same Day Local Bank Fund Transfer (with handling charge through CHATS) 即日轉帳至本地其他銀行戶口 (CHATS 收費服務)

Beneficiary's Short Name: _____ (max 20 chars, cannot duplicate with each others)
 收款人簡稱: _____ (最多 20 個字母, 不能重複使用)

Telegraphic Transfer 電匯

Beneficiary's Short Name: _____ (max 20 chars, cannot duplicate with each others)
 收款人簡稱: _____ (最多 20 個字母, 不能重複使用)

Beneficiary's Name & Address: _____
 收款人名稱及地址: _____
 _____ max 4X 35 chars
 _____ 最多 4X 35 個字母

for CHATS only: 只適用於 CHATS 服務:

| | | | |
|--|-------------------|---------------------|---------------------|
| Beneficiary's Account No.: 收款人帳戶號碼: | Bank Code 銀行編號 | Branch Code 分行編號 | Account No. 帳戶號碼 |
| _____ | _____ | _____ | _____ |

for Telegraphic Transfer only: 只適用於電匯服務:

Beneficiary's Account No.: _____ max 34 chars
 收款人帳戶號碼: _____ 最多 34 個字母

Beneficiary Bank Name & Address: _____
 收款銀行名稱及地址: _____
 _____ max 4X 35 chars
 _____ 最多 4X 35 個字母

| | |
|---|---|
| Total number of Designated Beneficiary(ies) added / changed / deleted is _____. 加入 / 更改 / 刪除「指定收款人」 _____ 個。 | Please cross out the blank box(es) 請將餘下之空格刪去 |
|---|---|

Declaration 聲明

I/We hereby request and instruct Shanghai Commercial Bank ("the Bank") to process the abovementioned instruction(s) and request(s) in relation to my/our i-Banking services.
 I/We confirm that the information provided herein is true and complete and authorise the Bank to verify this from any source. I/We understand that it is necessary for me/us to supply to the Bank the information requested above for the Bank to process my/our instruction(s) and request(s) and that my/our failure to supply such information may result in the inability of the Bank to effect my/our instruction(s) and request(s).
 I/We have read, understood and accepted the Terms and Conditions for i-Banking Services as incorporated in the Terms and Conditions for Bank Accounts and General Services and the Terms and Conditions for Securities Services AND IN PARTICULAR THE RISK INVOLVED and hereby agree to be bound by such terms and conditions.
 I/We agree that the Bank reserves the right to not effect any or all of the instruction(s) and request(s) set out above without giving any reason. I/We agree that the Bank is not liable for any failure or any delay in effecting any or all of the instruction(s) and request(s) set out above and further agree that to the extent that the Bank suffers any loss or damage as a result of effecting any or all of the instruction(s) and request(s) set out above, I/We (jointly and severally) will fully indemnify the Bank against all such loss or damage unless the same is due to the negligence or willful default of the Bank or its authorized officers, employees or agents.
 本人(等) / 本公司特此要求並指示上海商業銀行("銀行")處理與本人(等) / 本公司有關之上述指示和要求。
 本人(等) / 本公司確認本申請表內所提供之資料真實和完整, 並且授權銀行經任何來源核實這些資料。本人(等) / 本公司明白有必要向銀行提供上述所要求之資料, 以便銀行處理上述之指示和要求, 同時亦明白如本人(等) / 本公司未能提供上述資料, 可能導致銀行不能執行本人(等) / 本公司之上述之指示和要求。
 本人(等) / 本公司已經閱讀、明白並接受收納於銀行帳戶及一般服務章程及條款之 i-Banking 服務章程及條款, 以及證券服務章程及條款, 尤其是該服務所涉及之風險, 並特此同意上述章程及條款所約束。本人(等) / 本公司同意銀行保留權利不執行上述任何或一切指示及要求, 無須給予任何理由。本人(等) / 本公司同意, 銀行對任何不執行或任何延遲執行上述任何指示和要求毋須承擔任何責任, 本人(等) / 本公司亦進一步同意, 銀行在執行上述任何或全部指示和要求而遭受到之任何損失或損害, 除因銀行、其授權人員、僱員或代理人的疏忽或故意失責造成外, 一概由本人(等) / 本公司(共同和個別地)負責向銀行十足賠償。

Applicant's Signature 申請人簽署 _____ Date 日期 _____

i) Signed by all Primary Account Holders 由全體基本帳戶持有人簽署

| FOR BANK USE ONLY 銀行專用 | | | | | |
|------------------------|--------------------|-------------|------------|----------|-------------|
| Branch Code | Signature Verified | Approved by | Checked by | Input by | Accepted by |
| | | | | | |