To：Shanghai Commercial Bank Ltd. ("the Bank")
致：上海商業銀行有限公司(「貴行」)

Instruction and Request Form for i-Banking – Registration of Beneficiary Details (Local Bank Fund Transfer, Cashier's Order and Demand Draft)
要求及指示 i-Banking 表格 – 登記收款人資料(轉帳至本地其他銀行，本票及匯票)

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:

(A) Designated Beneficiary Details - Local Bank Fund Transfer (free of charge through Electronic Clearing)
指定收款人資料 - 轉帳至本地其他銀行（電子交換免費服務）

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

Beneficiary's Short Name:
收款人簡稱: _____ (max 20 chars, cannot duplicate with existing short name)
(最多 20 個字母，不能與現有簡稱重覆)

Beneficiary Name (English only): 收款人名稱 (只限英文): _____ (max 20 chars)
(最多 20 個字母)

Bank Code/ Branch Code/ Account No.
銀行編號 / 分行編號 / 帳戶號碼 _____

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

Beneficiary's Short Name:
收款人簡稱: _____ (max 20 chars, cannot duplicate with existing short name)
(最多 20 個字母，不能與現有簡稱重覆)

Beneficiary Name (English only): 收款人名稱 (只限英文): _____ (max 20 chars)
(最多 20 個字母)

Bank Code/ Branch Code/ Account No.
銀行編號 / 分行編號 / 帳戶號碼 _____

Designated Beneficiary Details (3) 指定收款人資料 (3) ☐ **Add 加入** ☐ **Change 更改** ☐ **Delete 刪除**

Beneficiary's Short Name:
收款人簡稱: _____ (max 20 chars, cannot duplicate with existing short name)
(最多 20 個字母，不能與現有簡稱重覆)

Beneficiary Name (English only): 收款人名稱 (只限英文): _____ (max 20 chars)
(最多 20 個字母)

Bank Code/ Branch Code/ Account No.
銀行編號 / 分行編號 / 帳戶號碼 _____

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

(B) Purchase of Cashier's Order / Demand Draft 購買銀行本票 / 匯票

Designated Beneficiary Details 指定收款人資料 ☐ **Add 加入** ☐ **Change 更改** ☐ **Delete 刪除**

Beneficiary Name 收款人名稱 (English only 只限英文名稱) Max 2x60 characters 最多 2x60 個字母		Please assign a short name for beneficiary (max 20 characters, cannot duplicate with existing short name) 請設定收款人簡稱(最多 20 個字母，不能與現有簡稱重覆)	
1.			❍ for Cashier's Order 購買本票適用
			❍ for Demand Draft 購買匯票適用
2.			❍ for Cashier's Order 購買本票適用
			❍ for Demand Draft 購買匯票適用

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

Declaration 聲 明

I/We hereby request and instruct Shanghai Commercial Bank Limited ("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 sources. 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 RISKS INVOLVED** and hereby agree to be bound by such terms and conditions.
I/We agree that the Bank reserves the right not to effect any or all of the instruction(s) and request(s) set out above without giving any reasons. I/We agree that the Bank is not liable for any failures or any delays 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 losses or damages 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 wilful default of the Bank or its authorized officers, employees or agents.
I/We acknowledge that registration of third party accounts for i-Banking Services involve risks, for example, in the event of unauthorized fund transfers to registered third party accounts.

本人（等）／本公司謹要求並指示上海商業銀行有限公司（「貴行」）處理有關本人（等）／本公司 i-Banking服務之上述指示及要求。
本人（等）／本公司確認本申請表內所提供之資料為真實及完整，並且授權貴行經任何來源核實這些資料。本人（等）／本公司明白有必要向貴行提供上述所要求之資料，以便貴行處理本人（等）／本公司之指示及要求，同時亦明白如本人（等）／本公司未能提供該等資料，可能導致貴行不能執行本人（等）／本公司之指示及要求。
本人（等）／本公司已經閱讀、明白及接受收納於銀行帳戶及一般服務章則及條款之i-Banking 服務章則及條款，以及證券服務章則及條款，**尤其是該服務所涉及之風險**，並同意受該等章則及條款所約束。
本人（等）／本公司同意貴行保留權利不執行上述所列之任何或一切指示及要求，而毋須給予任何理由。本人（等）／本公司同意，貴行對任何不執行或任何延遲執行上述所列之任何或一切指示及要求毋須承擔任何責任，本人（等）／本公司亦進一步同意，就貴行因執行上述所列之任何或全部指示及要求而蒙受之任何損失或損害，除因貴行、其授權人員、僱員或代理人的疏忽或故意失責造成外，本人（等）／本公司（共同和個別地）應向貴行作出充分彌償。
本人(等)／ 本公司知悉於 i-Banking 服務登記第三者帳戶涉及風險，例如：當未獲授權轉帳至已登記之第三者帳戶。

Applicant's Signature 申請人簽署 _____ Date 日期

Please use the Primary Account's signature(s) filed with the Bank 請用留存本行之基本帳戶印鑑簽署。

FOR BANK USE ONLY 銀行專用

Branch			**i-Banking Centre**		
Branch Code	**Signature Verified**	**Approved by**	**Checked by**	列印 Print	重設 Reset