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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | CASHIER’S ORDER APPLICATION FORM本票申請書 | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | |
| Ref. No. 諮詢編號: | |  | | | | | | | | | Date 日期: | | |  | |  |
| Note注意:  1. Please complete in **BLOCK LETTERS**. 請用正楷填寫  2. The issued Cashier’s Order must be deposited into a bank account for payment. 已簽發的本票必須存入銀行户口方可兑现 | | | | | | | | | | | | | | | | |
| **Customer’s Information 客户資料** | | | | | | | | | | | | | | | | |
| Customer’s Name 客户名稱 | | |  | | | | | | | | | | | | | |
| **Cashier’s Order 本票指示** | | | | | | | | | | | | | | | | |
| Name of Beneficiary’s Name  收款人姓名 | | | | |  | | | | | | | | | | | |
| Currency 付款貨幣 | | | | |  | | | | Amount 金額 | | |  | | | | |
| Debiting my/our Account No.  扣除自本人（等）的戶口號碼 | | | | |  | | | | Contact Telephone No. 聯絡電話號碼 | | |  | | | | |
| Certification of the purchaser(s) at the back of Cashier’s Order?  於本票背頁證實該票的購買者?  Required 需要  Not Required 不需要 | | | | | | | | | | | | | | | | |
| Cashier’s Order should be delivered to  mail to my correspondence address 寄本人通訊地址  the following authorized person 以下授權人  請將本票交於 | | | | | | | | | | | | | | | | |
| Name  姓名 |  | | | | | | Identification  身份证明文件 | | |  | | | | |  | |
|  | | | | | |  | | | | |  | |
| **Acknowledgement Receipt of Cashier’s Order (if applicable) 本票簽收(如適用)** | | | | | | | | | | | | | | | | |
| I/We hereby acknowledge receipt of the above Cashier’s Order 本人/吾等證實收到上述本票  ID Checked  SCSDS  **X**  Signature of Recipient 收票人簽署 | | | | | | | | | | | | | | | | |
| **Customer’s Declaration and Signature**  **申請人聲明及簽名** | | | | | | | | | | | | | | | | |
| I/We understand that any cancellation or subsequent repurchase of the Cashier’s Order will be subject to the Bank’s handling charge.  本人（等）明白如取消或購回次本票,貴行會收手續費。  S.V.  **X**  Customer Signature(s) 客戶簽署 | | | | | | | | | | | | | | | | |
| **For Bank Use Only 銀行專用** | | | | | | | | | | | | | | | | |
| Prepared By | | | | Checked By | | | | Approved by | | | | | TC By: | | | |
| Date and Time: | | | |
| Contact Person: | | | |