



Change of Personal Information

更改個人資料

To: China Xin Yongan Futures Company Limited

致: 中國新永安期貨有限公司

Please post your completed form to Customer Relationship Department, 25/F, CMA Building, 64-66 Connaught Road Central, Hong Kong, by fax to (852) 2529 7081, or by email to hongkong@yafco.com. For inquiries, please do not hesitate to contact us at (852) 2529 7082. 請將已填妥的表格郵寄至香港中環幹諾道中 64-66 號中華廠商會大廈 25 樓客戶關係部、傳真至(852) 2529 7081 或掃描電郵至 hongkong@yafco.com。如欲查詢，請致電(852) 2529 7082 與客戶關係部聯絡。

I/We hereby notify you of changing the following information:

本人 / 吾等謹此通知貴公司更改以下資料:

| | | | | |
|--|--|---|--|---------------------|
| <input type="checkbox"/> Correspondence Address 通訊地址 | | | | |
| <input type="checkbox"/> Residential Address 住宅地址 | | | | |
| Contact Details 聯絡資料 | Mobile Phone 手提電話 | Residential 住宅 | Office 辦事處 | Fax 傳真 |
| | Email Address 電郵地址* | | | Effective Date 生效日期 |
| | *China Xin Yongan Futures Company Limited shall not be responsible for delays or failure in the transmission, receipt of information due to either a breakdown or failure of transmission of communication facilities, or any unreliable medium of communication or any other cause or causes beyond our control or anticipation. 新永安期貨有限公司將不會對因通訊設施發生故障或傳送失靈，或因任何不可完全倚賴之通訊媒介，或非本公司控制範圍或預測之任何其他原因所造成傳送或收取資訊之延誤負責。 | | | |
| Statement Service 結單服務 | Please select delivery method and language 請選擇結單遞送方法及語言 | | | |
| | Statement delivery method 結單單遞送方法 | <input type="checkbox"/> By Email*Δ (Please provide email) 電郵* (請提供電郵地址) | <input type="checkbox"/> By Mail 郵寄 | |
| | Statement language 結單單語言 | <input type="checkbox"/> Chinese 中文 | <input type="checkbox"/> English 英文 | |
| (Language selected will be effective in the following month.所選擇之結單語言將於下一個月生效。) | | | | |
| ΔI/We hereby agree to receive the daily statement and monthly statement from China Xin Yongan Futures Company Limited via email. 本人 / 吾等同意通過電郵接收由中國新永安期貨有限公司發出之電子日結單及月結單。 | | | | |
| Bank Account 銀行戶口 | Bank Name 銀行名稱 | | | |
| | Bank Account Number 銀行戶口號碼 | | | |
| Job Information 受僱資料 | Employer Name 僱主名稱 | Business Type 業務類型 | Position 職位 | |
| | Office Address 辦事處地址 | | | |

| | | | |
|-----------------------------|--|---------------------|--------------------------|
| Client Signature(s) 客戶簽署 | Please use the signature(s) field with our company 請用留存本公司之印鑑式樣 | Account No. 戶口號碼 | |
| Client Name 客戶名稱 | | Date 日期 | day 日 / month 月 / year 年 |

| For official use only 僅供職員填寫 | | | | |
|---|-------------------|--------------|----------|------------|
| <input type="checkbox"/> Original <input type="checkbox"/> Soft Copy | Phone verified by | Phone number | Date | Time |
| Handled by | Verified by | Approved by | Input by | Checked by |