



Application For Closure of Account
取消帳戶申請表格

To 致： First Fidelity Capital (International) Limited (“FFCIL”)

ORIGINAL form is required for account closure application. 取消帳戶申請需提表格之**正本**。

Account No. 帳戶號碼	Account Closure Effective Date (dd/mm/yyyy) 取消帳戶生效日期 (日/月/年)	/	/
Account Name 帳戶名稱			

I/We hereby request and authorize FFCIL to close the above-mentioned account on the Account Closure Effective Date. I/We undertake to repay all outstanding amounts (if any), fees, costs, charges, expense and liabilities accrued or incurred in relation to this account up to the date of closing including any additional expenses or losses reasonably and properly incurred in closing this account. I/We also agree to be responsible for any and all consequences resulting and arising therefrom. 本人/吾等要求及授權 FFCIL 於取消帳戶生效日期結束上述戶口。本人/吾等保證償還該戶口所有未清還之欠款(如有)，以及截至戶口結束日所有費用、成本、收費、開支及負債，包括結束戶口所引致之任何的附加費用和虧損。本人/吾等同意並承擔此安排所導致的結果。

Please tick the appropriate box 請在適當的方格內填上“✓”號

Cash Balance Instruction 現金結餘指示	
<input type="checkbox"/>	I/We hereby forfeit the cash balance and interest income of the abovementioned account. 本人/吾等放棄收取上述帳戶內的現金結餘及利息收入。
<input type="checkbox"/>	Deposit the cash balances to the designated bank account as provided in the Account Opening Form by Cheque . 以 支票 方式存入現金結餘至本人/吾等在客戶開戶表格內所提供的指定銀行戶口。
<input type="checkbox"/>	Deposit the cash balances to the designated bank account as provided in the Account Opening Form by Remittance/ Transfer . 以 電匯/轉帳 方式存入現金結餘至本人/吾等在客戶開戶表格內所提供的指定銀行戶口。 (Handling Fee and Bank charges will be deducted from the cash balances 手續費及銀行費用將從現金結餘中扣除)

Reasons for Account Closure 取消帳戶原因	
<input type="checkbox"/>	No trading / investment need in the near futures 暫時沒有交易/投資需要
<input type="checkbox"/>	Designated Account Executive has left your company 跟進經紀已離開貴公司
<input type="checkbox"/>	Commission and/or services fees are too expensive 佣金/或服務收費太高
<input type="checkbox"/>	Experience difficulties in using online trading platforms 使用電子交易系統時遇到困難
<input type="checkbox"/>	Not satisfied with services provided by staff of your Company 不滿意貴公司職員的服務
Name of related staff 相關職員姓名： _____	
<input type="checkbox"/>	Others 其他： _____

Client Signature(s) 客戶簽署
(for corporate, with Company Chop 如屬公司客戶，請連印章)

Name(s) of Signer(s)
簽字人姓名 : _____

Date
日期 : _____

***** For Internal Use Only *****

Processed by	Signature Verified by	Approved by
Date :	Date :	Date :