



Retrieving Statements

重發結單

To: Celestial Securities Limited / Celestial Commodities Limited / Celestial Investments (HK) Limited
致：時富證券有限公司／時富商品有限公司／時富投資（香港）有限公司

Please post your completed form to **Client Services Department, 9/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong**, by fax to **(852) 2820 0900**, or by visiting the Wealth Management Centres of CASH Financial Services Group. Your request will be processed within 2 working days upon receipt of the duly completed form. For inquiries, please do not hesitate to contact us at **(852) 2663 8888**. 請將已填妥的表格郵寄至**香港中環皇后大道中 181 號新紀元廣場低座九樓客戶服務部**、傳真至**(852) 2820 0900** 或交回時富金融服務集團各投資理財中心。本公司將在收到填妥的表格後兩個工作天內處理您的申請。如欲查詢，請致電**(852) 2663 8888** 與客戶服務部聯絡。

I/We hereby request to reissue the statement issued during the period specified below:
本人／吾等現要求貴公司重發於以下時期發出之結單：

Combined monthly statement 綜合月結單

Period of combined monthly statement 綜合月結單時期	From 由	To 至
	month 月 / year 年	month 月 / year 年

Combined daily statement 綜合日結單

Period of combined daily statement 綜合日結單時期	From 由	To 至
	day 日 / month 月 / year 年	day 日 / month 月 / year 年

Please select one method of collection:
請選擇其中一項收取方式：

Mail to my/our correspondence address registered in CASH 郵寄至本人／吾等於時富所登記的通訊地址

Email to my/our email address registered in CASH 電郵至本人／吾等於時富所登記的電郵地址

Pick up by yourself 親身領取

Address: 9/F, Lower Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong

地址：香港中環皇后大道中 181 號新紀元廣場低座 9 樓

Business Hours: Monday to Friday 09:30am to 05:00pm (Closed on Saturday, Sunday & Public Holidays)

營業時間：星期一至五上午九時半至下午五時（星期六、星期日及公眾假期休息）

I/We authorize you to debit the service fee* for retrieving statements from my/our account according to your fee schedule.
本人／吾等授權貴公司根據貴公司之收費表從本人／吾等之戶口中扣除有關重發結單的服務費*。

*Service fee for retrieving combined daily statement and combined monthly statement 補回綜合日結單及綜合月結單服務費

Latest 3 months 最近 3 個月

Free 免費

Over 3 months to 7 year 多於 3 個月至 7 年

HK\$30.00 per month by Email; HK\$50.00 per month by post
電子形式：每月港幣\$30.00；郵遞形式：每月港幣\$50.00

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

Acknowledge received by 確認收妥

Representative Signature 領取者簽署	
Representative Name 領取者名稱	
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"/> Face to face	Phone verified by	Phone number	Date	Time
Handled by	Verified by	Approved by	By hand	