

To: Celestial Securities Limited / Celestial Commodities Limited / Celestial Finance Limited  
 致：時富證券有限公司／時富商品有限公司／時富財務有限公司

Please post your completed form to **Client Services Department, 22/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Hong Kong**, by fax to **(852) 2820 0900**, or by visiting the Services 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**香港九龍灣宏泰道 23 號 Manhattan Place 22 樓客戶服務部**、傳真至**(852) 2820 0900** 或交回時富金融服務集團各服務中心。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	<b>From 由</b>	<b>To 至</b>
	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	<b>From 由</b>	<b>To 至</b>
	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: 22/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Hong Kong  
 地址：香港九龍灣宏泰道 23 號 Manhattan Place 22 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\$100.00 per month by post 電子形式：每月港幣\$30.00；郵遞形式：每月港幣\$100.00

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	