

# Use of Client Deposit Related Information Consent Form (For individual clients) 客戶存款相關資料運用同意書 (個人客戶)



Please complete this form and mail to Standard Chartered Bank (Hong Kong) Limited  
at PO Box 68383 Kowloon East Post Office  
請填妥表格及寄回東九龍郵政局信箱 68383 號渣打銀行收

Date 日期 \_\_\_\_\_

Client Information 客戶資料 (Please complete in block letters 請用正楷填寫)	
Client Name (English): 客戶姓名 (英文)	Client ID Type 客戶身份證明文件種類 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Others 其他 _____
Contact Phone Number* 聯絡電話號碼*: <input type="text"/>	Client ID Number 客戶身份證/證件號碼: <input type="text"/> ( )

Client Instruction 客戶指示 Please "✓" the appropriate box 請於適合方格填上 "✓"	
<input type="checkbox"/>	I am interested in investment/wealth management services and <b>AGREE</b> to allow Standard Chartered Bank (Hong Kong) Limited to access and utilize my deposit-related information for considering and selecting investment/wealth management services to me. 本人對投資/財富管理產品有興趣並 <b>同意</b> 渣打銀行(香港)有限公司查閱及使用本人之存款相關資料作為考慮及選擇向本人介紹投資/財富管理產品之用。
<input type="checkbox"/>	I am <b>NOT</b> interested in investment/wealth management services and <b>DO NOT AGREE</b> to allow Standard Chartered Bank (Hong Kong) Limited to access and utilize my deposit-related information for considering and selecting investment/wealth management services to me. 本人對投資/財富管理產品並無興趣而且 <b>不同意</b> 渣打銀行(香港)有限公司查閱及使用本人之存款相關資料作為考慮及選擇向本人介紹投資/財富管理產品之用。

Client Signatory 客戶簽署	
Please use authorized signature filed with the Bank 請用留存於本行之正式簽署	
Client Signature 客戶簽署	

* Optional information 附加資料

For Bank Use Only 銀行專用				
Branch Code:	Staff ID:	Signature verified by:	Input by:	Input Verified by:
Signature verified by: (Signing No.)	Time (by Phone):			