

# Use of Client Deposit Related Information Consent Form (For Non-Individual Clients)<sup>#</sup> 客戶存款相關資料運用同意書 (非個人客戶)<sup>#</sup>

<sup>#</sup> For non-individual client who is sole proprietorship/partnership/limited company/corporation/association or society  
如非個人客戶為獨資經營公司/合夥商行/有限公司/法團/社團

Please complete this form and mail to Standard Chartered Bank (Hong Kong) Limited at G.P.O. Box 21, Hong Kong  
請填妥表格及寄回香港郵政信箱21號渣打銀行(香港)有限公司收

## Client Information 客戶資料 (Please complete in block letters 請用正楷填寫)

Company Name (English):  
公司名稱 (英文)

Business operated as:  Sole Proprietor 獨資公司  Partnership 合夥公司  Limited Company 有限公司  
 Association/Society 社團  Corporation 法團  
 Other 其他 \_\_\_\_\_

Identity Document 證明文件:

Certificate of Incorporation No.  
公司註冊證號碼 \_\_\_\_\_

Business Registration Certificate No.  
商業登記證號碼 \_\_\_\_\_

Others (specify)  
其他 (請註明) \_\_\_\_\_

Contact Phone Number\* 聯絡電話號碼\*:

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## Client Instruction 客戶指示 Please "✓" the appropriate box 請於適合方格填上 "✓"

I/We am/are interested in investment/wealth management services and **AGREE** to allow Standard Chartered Bank (Hong Kong) Limited to access and utilize my/our deposit-related information for considering and selecting investment/wealth management services to me/us.  
本人/吾等對投資/財富管理產品有興趣並**同意**渣打銀行(香港)有限公司查閱及使用本人/吾等之存款相關資料作為考慮及選擇向本人/吾等介紹投資/財富管理產品之用。

I/We am/are NOT interested in investment/wealth management services and **DO NOT AGREE** to allow Standard Chartered Bank (Hong Kong) Limited to access and utilize my/our deposit-related information for considering and selecting investment/wealth management services to me/us.  
本人/吾等對投資/財富管理產品並無興趣而且**不同意**渣打銀行(香港)有限公司查閱及使用本人/吾等之存款相關資料作為考慮及選擇向本人/吾等介紹投資/財富管理產品之用。

## Client Signatory 客戶簽署

Approving/Authorized Signatory  
認可/獲授權人簽署

Approving/Authorized Signatory (If applicable)  
認可/獲授權人簽署 (如適用)

Name  
姓名 \_\_\_\_\_

Name  
姓名 \_\_\_\_\_

HKID/Passport No.  
香港身份證/護照號碼 \_\_\_\_\_

HKID/Passport No.  
香港身份證/護照號碼 \_\_\_\_\_

Date  
日期 \_\_\_\_\_

Date  
日期 \_\_\_\_\_

## For Bank Use Only 銀行專用

Sales staff name:

Sales Staff ID:

Signature verified by (IO):

Signature verified by: (Signing No.) (CSM)

Date, Time & Extension (by Phone):