



Leeds Securities Investment Limited

競富證券金融有限公司

證監會中央編號 CE No. BMS480

Unit 2903C-05,29/F, The Centrium, 60 Wyndham Street, Central, Hong Kong
香港中環雲咸街 60 號中央廣場 29 樓 2903C-05 室
Tel 電話: (852) 3106 2213
Fax 傳真: (852) 3106 0001

證券交收指示 / 投資者交收指示 表格

賬戶姓名:		賬戶號碼:		聯絡電話:	
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請閣下將已填妥的表格交回本公司交收部。傳真: (852) 3106 0001 / 電郵: cs@leeds.hk

競富證券金融有限公司	中央結算參與者名稱:	競富證券金融有限公司
	中央結算參與者編號:	B02148
	聯絡人及電話號碼:	3106 2998 (交收部)

交收方法:	<input type="checkbox"/> 證券交收指示	<input type="checkbox"/> 投資者交收指示
指示類別:	<input type="checkbox"/> 收取證券	<input type="checkbox"/> 提取證券
付款指示方式:	<input type="checkbox"/> 毋須付款 (只收取/提取證券)	<input type="checkbox"/> 貨銀對付 (交收款項及收取/提取證券) <input type="checkbox"/> 即時貨銀對付 (交收款項及收取/提取證券)

*請於適當處加上 號。

交收日期:				
對手證券商/ 投資者資料	對手/ 投資者帳戶名稱:	對手中央結算系統編號/ 投資者帳戶編號:	聯絡人姓名:	聯絡人電話號碼:

股票號碼	股票名稱	股票數量	交收金額 (港幣) (如屬其他貨幣請註明)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

*如欲即日完成交收程序，務必於交收當日正午十二時前填妥此文件並且交付交收部。

客戶簽署 (如屬公司客戶請連印章)

日期: _____

For Officer Use Only:

AE / CS:	Signature		Approval	CCASS		System	
	Verified by:	Checked by:		Inputted by:	Checked by:	Inputted by:	Checked by:



SETTLEMENT INSTRUCTION (SI) / INVESTOR SETTLEMENT INSTRUCTION (ISI)

Client Name:		Account No.:		Phone No. :	
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Please return the completed and signed form to our Settlement Dept. Fax: (852) 3106 0001 / Email: cs@leeds.hk

LEEDS SECURITIES INVESTMENT LIMITED	CCASS Participant Name:	Leeds Securities Investment Limited
	CCASS Participant ID:	B02148
	Contact Person Phone Number:	3106 2998 (Settlement Dept.)

Securities Settlement:	<input type="checkbox"/> Settlement Instruction (SI)	<input type="checkbox"/> Investor Settlement Instruction (ISI)
Indication Category:	<input type="checkbox"/> Receive	<input type="checkbox"/> Deliver
Payment Instruction:	<input type="checkbox"/> Free of Payment (FOP)	<input type="checkbox"/> Delivery versus Payment (DVP) <input type="checkbox"/> Realtime Delivery versus Payment (RDP)

**Please ✓ the appropriate box.*

Settlement Date:				
Counterparty Information	Counterparty Name :	Counterparty CCASS Participant ID:	Contact Person Name:	Contact Person Phone No.:

Stock Code	Stock Name	Quantity	Money Consideration for DVP (HKD)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

** Please return this form before noon at the settlement date, or the instruction will be handled at the following business date.*

Client Signature (with company chop if applicable)

Date : _____

For Officer Use Only:

AE / CS:	Signature		Approval	CCASS		System	
	Verified by:	Checked by:		Inputted by:	Checked by:	Inputted by:	Checked by: