

## Change of Business Name, Director(s), Shareholder(s) or Authorized Person(s)

## 更改商號名稱、董事、股東或獲授權人士

To: Celestial Securities Limited / Celestial Commodities Limited / CASH Wealth Management Limited / CASH Asset Management Limited 致:時富證券有限公司/時富商品有限公司/時富財富管理有限公司/時富資產管理有限公司

Please post your completed form to **Client Services Department**, **22/F**, **Manhattan Place**, **23 Wang Tai Road**, **Kowloon Bay**, **Hong Kong** 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**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。

☐ We hereby no	otify you of changing our business name:						
吾等謹此通知貴公司更改吾等之商號名稱:							
	English 英文						
New Business N 新商號名稱		Certificate of Incorporat	ion and Business Registration Certificate (if applicable) by				
		practicing solicitor or CPA together with a revised resolution showing new specimen company chop. 請附上經執業律師或註冊會計師核實之新公司註冊證書及商業登記證(如適用)副本及附有新公司印鑑式樣之董事決議案。					
•	otify you of changing our director(s):						
	印貴公司更改吾等之董事:						
and current 3-month	ied true copy of new Register of Directors by practicing residential address proof of new directors. New directors或註冊會計師核實之新董事資料副本、新董事之身份	should sign a personal gu					
☐ We hereby no	otify you of changing our shareholder(s):						
吾等謹此通知	知貴公司更改吾等之股東:						
請附上經執業律師。 Please attach a new (	ied true copy of new Register of Members by practicing 或註冊會計師核實之新股東資料副本。 Ownership Chart with director's declaration indicating th 益擁有人之公司擁有權的最新圖表連同有關董事聲明	e ultimate individual bene	ficial owners				
☐ We hereby no	otify you of changing our authorized person(s) 知貴公司更改吾等之獲授權人士:						
Please attach a revise the new authorized p	ed resolution, a completed and signed new list of authori persons by practicing solicitor or CPA.		imen signatures and certified true copies of ID or Passport of 或註冊會計師核實之新獲授權人士身份證或護照副本。				
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				
	1	1					

For official use only 僅供職員填寫						
Handled by	Verified by	Checked by	Approved by			
Name	Name	Name	Name			
Date	Date	Date	Date			



## Change of Business Name, Director(s), Shareholder(s) or Authorized Person(s)

## 更改商號名稱、董事、股東或獲授權人士

New List of Authorized Signatories and Specimen Signatories 獲授權簽署人士之新名單與簽名式樣

Full Name of Signatory in English 簽署人英文姓名	ID / Passport No. 身份證/護照號碼		Specimen Signature 簽名式樣
Signing Instruction 簽署指示		Specimen Company Chop 公司印鑑式樣	
Any # signature(s) shall be valid. 任何# 個簽名為有效。			