

## Reactivate the Suppressed Interactive Voice Responses System (IVRS) Service or SP Advanced Version Trading Platform

## 重開被凍結之音頻電話服務或 SP 專業版交易系統

To: Celestial Securities Limited / Celestial Commodities Limited / Celestial Investment (HK) Limited 致:時富證券有限公司/時富商品有限公司/時富投資(香港)有限公司

Please return your completed form by mail to **Customer Service Department**, 9/F, **Low Block**, **Grand Millennium Plaza**, 181 **Queen's Road Central**, **Hong Kong**, by fax to (852) 2820 0900 or by visiting the Sales and Operations Centre of CASH Financial Services Group. Your request will be processed within 2 working days upon our receipt of your 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**香港中環皇后大道中181 號新紀元廣場低座九樓客戶服務部**、傳真至(852) 2820 0900 或交回時富金融服務集團各銷售及營運中心。本公司將在收到此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 wri 本人/吾等現向		C				
	IVRS service 時富音頻電話服務					
□ SP Advanced Version SP 專業版交易系統		sion Trading Platform 統				
			orm will be reactivated after 1 門收到此表格後一個工作天宣		e received this form.	
		post to you at first to log in th 請使用首次郵寄給閣下之額	he SP Advanced Version Trad 密碼登入。	ing Platform after reactivation	1.	
	Please tick the box if you wish to reissue the IVRS password. 如閣下希望補發時富音頻電話服務密碼,請在方格內加上✓號。					
The reissued IVRS password will be sent by post to your corresponding address registered in CASH. 我們將把補發的時富音頻電話服務密碼以郵遞方式寄往你於時富所登記的通訊地址。						
□ Please tick the box if you wish to reissue the SP Advanced Version Trading Platform password.  如閣下希望補發 SP 專業版交易系統密碼,請在方格內加上✓號。 Please select the method of receiving password: □ Email □ Mail  請選擇收取密碼方法: 電郵 郵遞						
Please tick the box if you are going to pick up the above password(s) by yourself. 如閣下親身領取以上之密碼,請在方格內加上✓號。 Address: 7/F, Lower Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong 地址: 香港中環皇后大道中 181 號新紀元廣場低座 7 樓 Business Hours: Monday to Friday 09:30am to 06:00pm (Closed on Saturday, Sunday & Public Holidays) 營業時間: 星期一至五上午九時半至下午六時(星期六、星期日及公眾假期休息)						
Client Signature 客戶簽署	X Please use	e the signature(s) field with our co 本公司之印鑑式樣	Account No. 戶口號碼 ompany			
Client Name 客戶名稱			Date 日期	day 日 / month 月 / year 生	Ę	
Acknowledge received by 確認收妥						
Representative Signature 領取者簽署						
Representative N 領取者名稱	Name					
Date 日期		day 日 / month 月 / year 年	day 日 / month 月 / year 年			
For official use only 僅供職員填寫						
☐ Original H:☐ Face to face		Handled by	Verified by	Approved by	By hand	