

## Change of Personal Particulars & Authorization Form

### 客户更改个人数据及授权指令书

客户名称 **Client Name:** \_\_\_\_\_ 户口号码 **Account Number:** \_\_\_\_\_

<input type="checkbox"/> <b>更改个人资料 Change of Personal Particulars</b>
住址 Home Address: _____ 家住电话 Home No.: _____ 公司电话 Office No.: _____ 手提电话 Mobile No.: _____ 传真 Fax No.: _____ 电邮地址 Email Address: _____ 银行名称 Bank Name: _____ 银行号码 Bank A/C No.: _____ SWIFT 国际汇款码: _____ 选择语言 Language: <input type="checkbox"/> 中文(繁) Chinese (Traditional), <input type="checkbox"/> 中文(简) Chinese (Simplified), <input type="checkbox"/> 英文 English
<input type="checkbox"/> <b>重新申请网上交易平台密码 Regeneration of a new online trading platform password</b>
请重新产生及传送一个新的网上交易平台密码至下列电邮地址: _____ Please re-generate and deliver a new online trading platform password to the following email address: _____
<input type="checkbox"/> <b>更改客户签署 Change of Personal Signature</b>
请由即日起将本人/ 吾等之账户签署更改如下: Please change my / our personal signature(s) as follow with immediate effect:  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             _____              (第一申请人)              (First applicant)           </div> <div style="text-align: center;">             _____              (第二申请人, 如有)              (Second applicant, if any)           </div> </div>
<input type="checkbox"/> <b>授权指令书 Authorization Letter</b>
<input type="checkbox"/> 本人/吾等现同意授权 _____ (公司), _____ (地址) 之 _____ (授权人仕), 身分证号码 _____ 为代收 办有关三甲金业有限公司所发出的所有往来档, 并会自行领取。 <input type="checkbox"/> I / We hereby agreed and authorized _____ (Authorized Person), ID. No. _____ from _____ _____ (Company Name) which office address _____, _____, to represent me / us to receive all the documents, statements or letters sent by KAB Bullion Company Limited. I / We will take the above documents, statements or letters by myself / ourselves.
请附上授权公司之地址证明及授权人仕之身分证以作核对。 Please attach the ID of authorized person and address proof of the company for verification.

**客户签署**  
**Client Signature:** \_\_\_\_\_

**日期**  
**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(第二申请人, 如有)  
 (Second applicant, if any)