



**Asset Proof Application Form**  
**資產證明申請表**

致：英皇證券有限公司 / 英皇期貨有限公司 (統稱「英皇」)

To: Emperor Securities Limited/Emperor Futures Limited (Collectively as "Emperor")

Part A – Client Information 甲部 – 客戶資料			
Name of Client 客戶姓名		Account No. 戶口號碼	
Account Type 戶口性質	<input type="checkbox"/> Securities 證券	<input type="checkbox"/> Futures 期貨	<input type="checkbox"/> Stock Option 股票期權

Part B – Purpose(s) for Application 乙部 – 申請目的	
<input type="checkbox"/> Travel Visa 旅遊簽證	<input type="checkbox"/> Working Visa 工作簽證
<input type="checkbox"/> Domestic Helper Visa 聘用家傭簽證	<input type="checkbox"/> 移民簽證 Immigration Visa
<input type="checkbox"/> Others 其他 (Please specify 請註明) : _____	

Part C – Information Required 丙部 – 所需資料		
<input type="checkbox"/> Total Asset Value 資產總值	<input type="checkbox"/> Cash Balance Only 只需現金結餘	<input type="checkbox"/> Investment Portfolio Only 只需投資組合
As at 截至 _____ (DD/MM/YY) (日/月/年)		

Part D – Collection Method 丁部 – 領取方法
<input type="checkbox"/> By mail to my address registered with Emperor 郵寄至本人於英皇登記之地址
<input type="checkbox"/> By email to my email address registered with Emperor 電郵至本人於英皇登記之電郵地址
<input type="checkbox"/> Self-Collection (Arranged by CS Dept.) 自行到取 (由客戶服務部安排)

Please allow around 10 working days for processing application 註：處理申請需時約 10 個工作天

**Declaration 聲明**

I/We agree that Emperor shall deduct administrative charge(s) from the above account(s) for handling each asset proof as set out in the fee schedule and undertake that the asset proof will not be used for any purpose(s) other than that/those specified in Part B above. I/We confirm that I/we shall bear the risk of loss of delivery if I/we choose to receive the asset proof by mail.

本人/吾等同意英皇就處理每份資產證明，按收費表自本人/吾等上述戶口扣除行政費用，並承諾資產證明不會用於上述乙部指明以外之用途。本人/吾等確認若選擇以郵寄方式收取資產證明，本人/吾等願意承擔郵遞過程中遺失之風險。

Signature of Client 客戶簽署	Date (DD/MM/YY) 日期 (日/月/年)

For Internal Use Only 僅供內部使用				*Collect and acknowledge receipt by Client
Submitted and account balance checked by	Handled by			
	L&C		Settlement	
	Signature verified by	Prepared by	Charge Amount	
AE/ CS Dept				
Name:	Name:	Name:		
Date:	Date:	Date:		Date