

MANULIFE SAMEDAY AUTOPAY APPLICATION 宏利當日自動轉賬申請表

Shareholder No.:
客戶編號：

Full Name 全名 First Account Holder 戶口第一持有人

1.

Are you an existing investor in Manulife Global Fund? Yes No
閣下是否持有宏利環球基金？ 是 否

Note 附註：

- This application is only available for investor(s) with HK Dollar bank account at **HSBC or Hang Seng Bank**. 此計劃暫只接受持有香港上海滙豐銀行或恒生銀行港幣戶口之客戶申請。
- Please ensure that you sign the form with the same signature that activates your Bank Account. 請填上與貴銀行賬戶相同的簽名。
- Your Sameday Autopay Application will take approximately 2 weeks to set up. 開立閣下/貴公司之當日自動轉賬戶口大約需時兩星期。
- If the set up of this "Sameday Autopay" application is complete and your subscription instruction is received before the dealing cut off time, your investment will be made, and the shares allotted to you on the same day.
如閣下/貴公司之「當日自動轉賬」已成功設立而本公司於交易截止時間前收到閣下/貴公司之增購指示，本公司將會在當日為閣下/貴公司進行投資並將股份分派閣下/貴公司。
- Change of Sameday Autopay bank account will normally be effected within 10 business days after we receive your application for such change. 更改當日自動轉賬銀行戶口通常在收到閣下申請的十個工作天內生效。

Second Account Holder (if any) 戶口第二持有人 (如適用)

2.

Are you changing the sameday autopay bank account? Yes No
閣下是否更改當日自動轉賬銀行戶口？ 是 否

See note 5 見附註 5

DIRECT DEBIT AUTHORISATION 直接付款授權書

Name of party to be credited (The Beneficiary)
收款之一方 (受益人)

CITIBANK NA HK BRANCH – MGF A/C

My/Our Bank Name and Branch
本人/吾等之銀行及分行名稱

HSBC 香港上海滙豐銀行

OR
或

Hang Seng Bank 恒生銀行

My/Our Name as recorded on Statement/Passbook
本人/吾等在結單或存摺上之名稱

My/Our Address as recorded on Statement/Passbook
本人/吾等在結單或存摺上之地址

Maximum Limit for Each Payment
每次最高付款限額

Note 註： If blank, the debtor's bank will set as "unlimited".
如無填寫，付款銀行會將轉賬限額設為「不設上限」。

HKD 港幣：

Expiry Date (DD/MM/YYYY)
到期日(日/月/年)

Note 註： If blank, this authorization shall have effect until further notice and Expiry Date should be greater than 3 months.
如無填寫，此直接付款授權書將無限期有效至另行通知及到期日必須大於三個月。

Bank No.
銀行編號

0 0 4

Bank No.
銀行編號

0 0 4

Bank No.
銀行編號

0 2 4

Branch No.
分行編號

8 0 8

Branch No.
分行編號

Branch No.
分行編號

Account No. to be credited
賬戶號碼

3 8 7 1 1 2 0 0 1

My/Our Account No.
賬戶號碼

My/Our Account No.
賬戶號碼

Telephone No.
電話號碼

ID number of Account holder(s)
戶口持有人的身份證件號碼
(All holders should complete)
(所有持有人均須填寫)

ID Type*
身份證件類別*

*I = HKID P = Passport B = Business Registration
香港身份證 護照 商業登記證
C = Certificate of Incorporation X = Others, please specify
公司註冊證書 其他，請註明

Declaration 聲明

- I/We hereby authorise my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.
本人(等)現授權本人(等)的上述銀行，(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
本人(等)同意本人(等)的銀行無須證實該等轉賬通知是否已交予本人(等)。
- I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及個別承擔全部責任。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.
本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
- This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.
本直接付款授權書將繼續生效直至另行通知為止或至上列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立之直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)，即使本授權書並未到期或未有註明授權到期日。
- I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。

My/Our Signature(s) (Note 2)
本人/吾等之簽名 (附註 2)

Date (DD/MM/YYYY)
日期

Office Use Only 只供內部填寫

Debtor Name (in Block Letters)
付款人名稱 (請以英文正楷填寫)

Debtor Reference
付款人編號

For Bank Use Only 銀行專用

Signature Verified

Please return the completed form to:
請把填妥的申請表寄回：

Manulife Asset Management (Hong Kong) Limited Suite 4701, 47th Floor, Manulife Plaza, The Lee Gardens, 33 Hysan Avenue, Causeway Bay, Hong Kong China
宏利資產管理(香港)有限公司 中國香港銅鑼灣希慎道三十三號利園宏利保險大廈四十七樓四七〇一室
Telephone 電話 (852) 2510 3388 Facsimile 傳真 (852) 2810 9510 Website 網址 www.manulife.com.hk