

上海商業銀行

SHANGHAI COMMERCIAL BANK

Paper Statement Fee Waiver Application Form

紙張結單費用豁免申請表

To : Shanghai Commercial Bank Limited (the "Bank")

Date

致：上海商業銀行有限公司（「貴行」）

日期：.....

Note 注意：

- ✧ Please complete this form and return it to Shanghai Commercial Bank Limited at G.P.O. Box 139 Hong Kong or any of our branches. 填妥表格後請寄回香港郵政總局信箱 139 號上海商業銀行有限公司或交回任何一間分行。
- ✧ Please allow 5 working days for processing this request. 請預留 5 個工作天辦理此項要求。
- ✧ Unless otherwise specified herein, all fields should be completed where applicable. Please use BLOCK LETTERS and put a "✓" in the appropriate box(es). 除本申請另有註明外，在適用的情況下，所有項目必須填寫。請用正楷填寫並於適當方格內加上 "✓" 號。

A. Customer Information 客戶資料	
Name 姓名 :	Contact No. 聯絡電話 :
Identification Document No. 身份證明文件號碼 :	Account/ Credit Card No. 賬戶或信用卡號碼 :
B. Reason for Application 申請原因：	
<input type="checkbox"/> I am receiving Comprehensive Social Security Assistance. (Remark: Please provide relevant proof) 本人現正領取綜合社會保障援助。(註：請提供相關證明文件)	
<input type="checkbox"/> I am receiving Government Disability Allowance / physically or intellectually disabled. 本人現正領取傷殘津貼 / 為身體或智力障礙人士。	
C. Declaration 聲明：	
I hereby declare that I am eligible for the said waiver on the said basis. I understand the Bank reserves the right to request for payment of any fee waived if it comes to the Bank's attention that I am not actually eligible for the said waiver during the relevant period. I will inform the Bank immediately if I am no longer eligible for the said waiver. I understand and agree that the Bank may cancel or withdraw this waiver at any time without prior notice. I understand and agree that the Bank may request me to provide related supporting documents. 本人謹此聲明，本人在上述條件下，符合申請資格。本人明白如果貴行日後發現本人在指定期間並不符合以上之豁免資格，貴行會保留收取任何已豁免的費用之權利。如本人不再符合上述條件，必須即時通知貴行。本人明白及同意貴行將可能隨時取消或撤回此項豁免而不作另行通知。本人明白及同意，貴行可要求本人提供有關證明文件。	

.....
Signature of Customer 客戶簽署*

For Bank Use Only 銀行專用	
Rec'd Date:	
Source: <input type="checkbox"/> In person: A/C Holder / AS / Known Person <input type="checkbox"/> By Mail / Courier / Fax / Email / Internal / Unknown person	
Confirmation Details (If applicable): Confirmed with : A/C Holder / AS / Others Contact Date & Time :	
S.V.	Approved by:
Remark:	

*Please sign according to the signing arrangement of specimen signature filed with the Bank
請按照留存銀行的賬戶簽名安排及印鑑簽署

In case of any inconsistency between the English and Chinese versions, the English version shall prevail.
如中英文版本有任何歧異，一概以英文版本為準。