

致: 集友銀行有限公司(「銀行」)

To: Chiyu Banking Corporation Limited("the Bank")

## 資料補充續頁(實體 - 附件)

## **Supplementary Information Continuation Sheet (Entity-Annex)**

銀行專用 For bank use only						
客戶號 Customer No.:						
開戶銀行/分行號 Bank/Branch No: 039/						

控權人名稱					
Name of Controlling Perso	on				
文件的一部份。 This Supplementary Inform	nation Continuation			月 日)的延續並在任何時候 on Form (Entity)-Annex (Signed and dated :	:均為該相關
		有等同功能的識辨編號(以 <sup>-</sup> payer Identification Number			
居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號, 勾選理由 A、B 或 C Tick Reason A, B or C if no TIN is available		控權人不能取得稅務編號的原因 rolling person is unable to obtain a TIN if ason B	
( )		□ A □ B □ C			
( )		□ A □ B □ C			
( )		□ A □ B □ C			
( )		□ A □ B □ C			
( )		□ A □ B □ C			
頁(實體-附件)》是《自我語 I hereby confirm that the in agrees to notify the Bank	補充續頁(實體-附件 證明表格 (實體)-附 formation provided b of any change to th	件》(視屬何情況而定)的延續, by me to the Bank in this Supplem	並在任何時候均為該机 nentary Information Con m that this Supplement	tinuation Sheet (Entity-Annex) is accurate and ary Information Continuation Sheet (Entity-A	correct and
簽署 Signature: (需與《自我證明表格(實體 (same as Self-Certification I					
姓名 Name:					
日期					
Date:					

銀行專用 For Bank Use Only (*請刪除不適用者 Please delete as appropriate)								
見證人/經辦/核印*簽章及職員編號:	控制行:	客戶經理編號:	聯繫電話:					
Signature & staff no. of Witness/Maker/SV*:	Controlling Branch:	Customer Manager No.:	Phone No:					
見證人/經辦/核印*簽章及職員編號:	覆核簽章及職員編號:		接辦單位:					
Signature & staff no. of Witness/Maker/SV*:	no. of Witness/Maker/SV*: Signature of Checker and Staff No.:		Handled By:					
見證人/經辦/核印*簽章及職員編號:	覆核簽章及職員編號:		備 註:					
Signature & staff no. of Witness/Maker/SV*:	Signature of Checker and Staff	Remark:						